

Australian Capital Territory

# Public Health (Reporting of Notifiable Conditions) Code of Practice 2022

Disallowable Instrument DI2022–19

made under the

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

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## 1 Name of instrument

This instrument is the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2022*.

## 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 2022* at schedule 1 as a code of practice.

## 4 Revocation

I revoke the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2020 (No 1)* [DI 2020-230].

Rachel Stephen-Smith  
Minister for Health

20 February 2022



**ACT Health**

SCHEDULE 1

# Reporting of Notifiable Conditions Code of Practice 2022

Requirements for  
notifying conditions  
in the ACT

December 2021



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# 1. Introduction

This Code of Practice establishes mandatory notification requirements for certain individuals who are obligated to report notifiable conditions under the [Public Health Act 1997](#) (the Act).

Outbreaks of communicable diseases represent a threat to public health. People obligated to report notifiable conditions play a vital role in providing information to assist in the investigation of infections of public health significance, and in particular to identify potential threats to the health of the ACT community.

Notification data may be used to monitor the burden of a disease over time, detect changes in disease occurrence (e.g., outbreaks), determine risk factors for the disease and populations at greatest risk, and guide public health actions for individuals or the community.

This information, in combination with information obtained from other jurisdictions and countries, forms the basis for public health interventions that are designed to prevent and control the spread of disease in the community.

Specialist trained public health staff review this information and if necessary, contact the patient's doctor or nurse practitioner, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

## 2. Obligation to Report Notifiable Conditions

Part 6 of the Act imposes obligations on certain individuals to report notifiable conditions to the Chief Health Officer (CHO).

The following groups of people are obligated to notify the CHO in accordance with the relevant provisions of the Act and this Code of Practice:

### Medical Practitioners and Nurse Practitioners

If medical practitioners or nurse practitioners have reasonable grounds to believe that a patient has, or may have, a notifiable condition, they must notify the CHO.

### Pathologists

Pathologists must notify the CHO of the results of a test indicating that a person has, or may have, a notifiable condition.

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.

## Hospitals

The person in charge of a hospital must notify the CHO if any in-patient of the hospital has, or may have, a notifiable condition.

## Responsible People

People who are responsible for the care, counselling, support or education of someone else are also required to notify the CHO if they believe, on reasonable grounds, that the person has, or may have, a notifiable condition.

# 3. Notification Requirements

The CHO has delegated the role of accepting notifications relating to notifiable conditions to the Communicable Disease Control (CDC) section of the Health Protection Service (HPS).

Notifiable conditions are listed at **Appendix 1** of 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.

## Required Notification Methods and Timeframes

Notification methods and timeframes associated with each group of notifiable conditions are outlined in **Table 1** below. If a person reasonably believes that a notification has already been made (e.g. in the event that a doctor 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

## Case Definitions

Case definitions for nationally notifiable diseases are available on the [Communicable Diseases Network Australia \(CDNA\) website](#).

For further information, contact the CDC section of the HPS.

## Making a Notification

### CDC Contact Details

Email: [cdc@act.gov.au](mailto:cdc@act.gov.au)

Telephone: 02 5124 9213

After-hours pager: 02 9962 4155

Fax: 02 5124 8810 (secure)

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

### 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 immediately on the same day of clinical diagnosis (presumptive or confirmed), even if the diagnosis is not yet confirmed. This will enable a timely public health response. A telephone notification must be followed up by a written notification within five days.

### 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 also be obtained on the [HPS website](#) or by contacting the CDC section by telephone (02 5124 9213).

Written notifications may be submitted by post or fax. All notifications should be made using full patient details. The [Report of Notifiable Condition or Related Death Form](#) must be completed 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 or nurse practitioner before contacting their patient, 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 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:

**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 Act.

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

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

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

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

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

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

- a) a doctor; or
- b) a 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.

#### ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

#### ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

[www.health.act.gov.au](http://www.health.act.gov.au) | Phone: 132281

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# 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
- Group A Streptococcal infection (invasive)
- Haemolytic uraemic syndrome (HUS)
- *Haemophilus influenzae* 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
- Respiratory syncytial virus (RSV)
- 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

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\*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.