Public health notifiable conditions review
Discussion paper

Introduction

Medical practitioners and pathology services in Victoria are required to notify the Department of Health and Human Services of cases of specific infectious diseases and other medical conditions under the Public Health and Wellbeing Act 2008. Notifiable conditions are set out in the Public Health and Wellbeing Regulations 2009.

The purpose of disease notifications is to enable the department to:

- respond rapidly to serious or severe cases of disease to protect others
- detect outbreaks in a timely manner and prevent further cases
- monitor disease epidemiology
- inform public health interventions and policy, such as immunisation.

The regulations currently prescribe the same list of notifiable conditions for both medical practitioners and pathology services, meaning that notifications for a single case come from both sources.

Notifications from pathology services usually provide the evidence that confirms a case of a notifiable condition. But for many notifiable conditions it is essential that medical practitioner notifications are also made, particularly where:

- urgent public health actions are required to manage the potential spread of disease for clinically suspected cases, such as mumps or linked cases of suspected food-borne illness
- clinical information, such as signs and symptoms, is required to confirm the case
- important public health risk information is provided, such as the person working in a high-risk occupation for the condition (for example a health care worker diagnosed with HIV, or a commercial food handler with typhoid).

However, there are certain notifiable conditions where notification of a confirmed case by a pathology service provides all the required information (such as diagnosis, contact information and age) and is the trigger for action by the department. For these conditions requiring medical practitioners to notify the department may be an unnecessary burden on their time that is not required for public health purposes.

New South Wales, Queensland, Tasmania and the Northern Territory have notification schemes where some conditions require notification by pathology services and not medical practitioners.

The department has reviewed the Victorian prescribed notifiable conditions and identified ten conditions that could have the requirement for medical practitioners to notify removed. These conditions would continue to be notified by pathology services.

A number of other changes to modernise the notification requirements were also identified during the review.

This paper outlines the proposed changes to the notification requirements. All medical practitioners, pathology groups, associated peak bodies and relevant interest groups are encouraged to provide feedback by making a submission.
Proposed conditions no longer requiring notification by medical practitioners

Table 1 lists ten notifiable conditions that have been identified as candidates for removing the requirement for medical practitioner notifications. Table 1 also includes the rationale for this decision, the estimated number of cases of the condition per year, and the estimated cost saving to the medical sector.

The proposed changes take a risk-based approach to the scheme, allowing medical practitioners to focus on conditions where their notification plays a critical role in the management of public health risks. In combination with a renewed engagement and education campaign, this approach is intended to increase medical practitioner compliance with the notification requirements and strengthen the notifications scheme.

Table 1 Proposed conditions no longer requiring notification by medical practitioners

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rationale</th>
<th>Average no. cases/year</th>
<th>Estimated cost saving to sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barmah Forest virus infection</td>
<td>Confirmation of case diagnosis in a pathology service notification is required before public health actions are taken by the department, and the department does not require additional clinical or public health information from the patient's medical practitioner.</td>
<td>59</td>
<td>$1,053</td>
</tr>
<tr>
<td>Ross River virus infection</td>
<td></td>
<td>424</td>
<td>$7,550</td>
</tr>
<tr>
<td>Arbovirus-other arbovirus infections</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gonococcal infection</td>
<td></td>
<td>3,479</td>
<td>$61,917</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td></td>
<td>7,070</td>
<td>$125,837</td>
</tr>
<tr>
<td>Leptospirosis</td>
<td></td>
<td>11</td>
<td>$190</td>
</tr>
<tr>
<td>Psittacosis</td>
<td></td>
<td>30</td>
<td>$540</td>
</tr>
<tr>
<td>Blood lead greater than 5µg/dL</td>
<td></td>
<td>726</td>
<td>$12,923</td>
</tr>
<tr>
<td>Chlamydia trachomatis infection</td>
<td>Case data from pathology service notifications is used for public health surveillance and epidemiology; medical practitioner notification data is not required.</td>
<td>19,761</td>
<td>$351,737</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>9,174</td>
<td>$163,288</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40,734</strong></td>
<td><strong>$725,035</strong></td>
</tr>
</tbody>
</table>

1. Based on Victorian notifications data 2011-16
2. Based on the assumption that a typical notification takes five minutes of a medical practitioner’s time at $120 per hour.

Other proposed changes to the notification requirements

Simplify the grouping of notifiable conditions to ‘urgent’ and ‘routine’

Notifiable conditions are currently organised into four groups. Group A conditions are those that require immediate telephone notification; Group B conditions are general conditions that require only written notification; Group C conditions are sexually transmitted infections (STIs); and Group D conditions are HIV and AIDS. Group C and D conditions require written notification in a manner that does not disclose the identity of the case (‘2x2’ name codes are used).

It is proposed that this is simplified to two groups, with Group A conditions reclassified as ‘urgent’ notifications and Group B, C and D reclassified as ‘routine’ notifications. This emphasises the notification timeframes that must be met and contributes to work to reduce stigma associated with STIs and HIV/AIDS. At this stage, it is intended that the requirement for de-identified notification for these cases will continue.
Change the written notification requirements for both medical practitioners and pathology services

The regulations currently require all notifications to be made to the department in writing. For Group A conditions immediate telephone notification is also required.

For medical practitioners written notification is required within five days of initial diagnosis.

For pathology services written notification is required within five days of obtaining test results indicating a person has or may have any notifiable condition.

The five day time frame was historically based on written notifications being provided by post. Today notifications are made by fax or electronically, and there is an ongoing transition to online notification.

Also, when medical practitioners provide telephone notification of Group A conditions, they provide all the required case details to the responsible departmental officer at that time. Written notification duplicates this.

But, it is important that pathology services continue to follow up telephone notifications for Group A conditions with written notification, as this provides the detailed test results, for example on specific strains or sub-types of pathogen, that are required for case investigation.

It is therefore proposed that the changes in Table 2 are made to the written notification requirements.

Table 2 Proposed changes to written notification requirements

<table>
<thead>
<tr>
<th>Medical Practitioners</th>
<th>Pathology Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (or ‘urgent’) notifiable conditions</td>
<td>Group A (or ‘urgent’) notifiable conditions</td>
</tr>
<tr>
<td>• Immediate notification by telephone of an initial diagnosis, whether presumptive or confirmed.</td>
<td>• Immediate notification by telephone.</td>
</tr>
<tr>
<td>• No written notification required.</td>
<td>• Written notification within three days of obtaining test results that indicate a person has or may have the condition.</td>
</tr>
<tr>
<td>Group B, C and D (or ‘routine’) notifiable conditions</td>
<td>Group B, C and D (or ‘routine’) notifiable conditions</td>
</tr>
<tr>
<td>• Written notification within three days of the initial diagnosis.</td>
<td>• Written notification within three days of obtaining test results that indicate a person has or may have the condition.</td>
</tr>
</tbody>
</table>

Three days is considered sufficient time for medical practitioners and pathology services to notify in writing and will ensure that public health responses can be initiated in the shortest time possible.

Add rotavirus to the list of Group B (or ‘routine’) conditions for pathology services only

Rotavirus is not currently notifiable in Victoria. However, it is the most common cause of severe diarrhoea in young children worldwide. Its significant morbidity and mortality led to the inclusion of rotavirus vaccines in the National Immunisation Program from 2007. Notification of rotavirus cases by pathology services in Victoria will be important for undertaking surveillance to demonstrate the disease burden and effectiveness of the immunisation program.

It is proposed that medical practitioners will not be required to notify rotavirus cases to the department, as pathology service notifications will provide all the case information required.

Reclassify Chikungunya virus infection as a Group B (or ‘routine’) condition

Chikungunya virus infection is currently prescribed as a Group A condition, and requires immediate notification to the department by telephone on initial diagnosis. This response is not justified on public health grounds, as the mosquito vector that carries the virus is not endemic to Victoria and the risk of further transmission is extremely low. As a Group B condition it could routinely be notified to the department in writing within three days by both medical practitioners and pathology services, without compromising the public health response.
Reclassify listeriosis as a Group A (or ‘urgent’) condition

Cases of listeriosis are prioritised for investigation by the department due to their public health significance. Moving Listeria from Group B to Group A will ensure that cases of the condition are urgently notified to the department by telephone by both medical practitioners and laboratory services and prioritised for rapid investigation by the department.

Remove ‘AIDS’ and ‘hepatitis viral (not further specified)’ from the list of prescribed notifiable conditions

AIDS notifications do not provide additional useful information from a surveillance perspective, and a national review has recommended that all Australian jurisdictions de-notify AIDS.

Hepatitis viral (not further specified) was included as a prescribed notifiable condition to capture hepatitis cases that appeared to be viral but could not be further characterised by laboratory testing. There have been no notifications of this condition and there are unlikely to be any in future as all viral hepatitis is now able to be characterised by laboratory testing.

Clarify and promote the authority of medical practitioners and pathology services to provide any information to the department regarding potential public health risks

The Public Health and Wellbeing Act allows any person to provide any information to the department if they believe that it will assist in protecting public health (Section 55 of the Act). People providing this information are protected from claims of unprofessional conduct or a breach of professional ethics, and it does not contravene any other legislation (Section 227 of the Act).

It is proposed that the notification scheme is strengthened by raising awareness of this authority and encouraging medical practitioners and pathology services to notify the department of any case of potential public health concern. This will make the system more flexible and robust, for example in responding to emerging infectious diseases that are not prescribed notifiable conditions. It will also clarify that even if medical practitioners are no longer required to notify certain conditions to the department, it does not prevent them from making a notification or seeking advice and support from the department if there is a particular public health concern.

While not requiring legislative change, this authority would be promoted in the educational and guidance material that accompanies the implementation of any changes to the notification scheme.
Questions for consideration

1. Do you support a shift to only requiring pathology services (and not medical practitioners) to notify cases of:
   a. Barmah Forest virus infection? Why or why not?
   b. Ross River virus infection? Why or why not?
   c. Arbovirus – other arbovirus infections? Why or why not?
   d. Chlamydia trachomatis infection? Why or why not?
   e. Gonococcal infection? Why or why not?
   f. Influenza? Why or why not?
   g. Campylobacter? Why or why not?
   h. Leptospirosis? Why or why not?
   i. Psittacosis? Why or why not?
   j. Blood lead >5µg/dL? Why or why not?

2. Do the assumptions for estimating the time and cost savings associated with the changes to the notifiable conditions in Table 1 seem reasonable? If not, why?

3. Do you think there are other conditions that should only require notification by pathology services, not medical practitioners? Why?

4. Do you support simplifying the grouping of prescribed notifiable conditions into two groups – urgent conditions and routine conditions? If not, why?

5. Do you support removing the requirement for medical practitioners to follow up telephone notification of Group A (or ‘urgent’) conditions with written notification? If not, why?

6. Do you support reducing the timeframe for written notification from five days to three days, for both medical practitioners and pathology laboratories? If not, why?

7. Do you support the addition of rotavirus as a Group B (or ‘routine’) notifiable condition for pathology services only? If not, why?

8. Do you support the reclassification of Chikungunya virus infection from a Group A (or ‘urgent’) to Group B (or ‘routine’) condition? If not, why?

9. Do you support the reclassification of listeriosis from a Group B (or ‘routine’) to Group A (or ‘urgent’) condition? If not, why?

10. Do you support the removal of AIDS as a notifiable condition? If not, why?

11. Do you support the removal of hepatitis viral (not further specified) as a notifiable condition? If not, why?

12. Do you support the promotion and use of a general authority to allow medical practitioners and pathology services to provide the department with any case information that relates to a potential public health risk? Why or why not?

13. Do you have any other feedback about the requirements regarding notifiable conditions under the Public Health and Wellbeing Act 2008?
Making a submission

You are encouraged to provide your feedback through our online submission form, which can be accessed at:


Alternatively, written feedback can be provided to:

phwa.enquiries@dhhs.vic.gov.au

OR

Notifiable Conditions Review
Health Protection Branch
Department of Health and Human Services
GPO Box 4057
Melbourne, Victoria 3000

Survey responses and written feedback will be accepted until 5pm Friday 6 October 2017.
## Summary of proposed notification requirements for medical practitioners

### Urgent conditions
*To be notified to the department by telephone immediately.*
- Anthrax
- Botulism
- Cholera
- Diphtheria
- Food-borne and water-borne illness (two or more related cases)
- Haemolytic Uraemic Syndrome (HUS)
- Haemophilus influenzae, type b infection (epiglottitis, meningitis, other invasive infections)
- Hepatitis A
- Japanese encephalitis
- Legionellosis
- Listeriosis
- Measles
- Meningococcal infection (invasive)
- Middle Eastern Respiratory Syndrome (MERS CoV)
- Murray Valley encephalitis virus infection
- Paratyphoid
- Plague
- Poliomyelitis
- Rabies
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularaemia
- Typhoid
- Viral haemorrhagic fevers
- Yellow fever

### Routine conditions
*To be notified to the department in writing within three days.*
- Brucellosis
- Chikungunya virus infection
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Dengue virus infection
- Donovanosis
- Hepatitis B (newly acquired or unspecified)
- Hepatitis C (newly acquired or unspecified)
- Hepatitis D
- Hepatitis E
- Human Immunodeficiency Virus (HIV) infection
- Leprosy
- Leptospirosis
- Lyssavirus (including Australian bat lyssavirus)
- Malaria
- Mumps
- Mycobacterium ulcerans
- Pertussis
- Pneumococcal infection (invasive)
- Q Fever
- Rubella (including congenital rubella syndrome)
- Salmonellosis
- Shigatoxin and verotoxin producing *E. coli* (STEC/VTEC)
- Shigellosis
- Syphilis (including congenital)
- Tetanus
- Tuberculosis (pulmonary/extrapulmonary)
- Varicella zoster (chickenpox/herpes zoster [shingles])
- West Nile/Kunjin virus infection

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1. Previously Group B (or ‘routine’), now urgent.
2. Previously Group A (or ‘urgent’), now routine
3. Notifications will continue to be de-identified (2x2 name code)
### Summary of proposed notification requirements for pathology services

<table>
<thead>
<tr>
<th><strong>Urgent conditions</strong></th>
<th><strong>Routine conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To be notified to the department by telephone immediately, followed by written notification within three days.</td>
<td>To be notified to the department in writing within three days.</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Arbovirus infections – other arbovirus infections[^2]</td>
</tr>
<tr>
<td>Botulism</td>
<td>Barmah Forest virus infection[^2]</td>
</tr>
<tr>
<td>Cholera</td>
<td>Brucellosis</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Campylobacteriosis[^3]</td>
</tr>
<tr>
<td>Food-borne and water-borne illness (two or more related cases)</td>
<td>Chikungunya virus infection[^3]</td>
</tr>
<tr>
<td>Haemolytic Uraemic Syndrome (HUS)</td>
<td>Chlamydia trachomatis infection[^2,^4]</td>
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<td>Haemophilus influenza, type b infection (epiglottitis, meningitis, other invasive infections)</td>
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<td>Legionellosis</td>
<td>Donovanosis[^2]</td>
</tr>
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<td>Measles</td>
<td>Hepatitis B (newly acquired or unspecified)</td>
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<td>Hepatitis C (newly acquired or unspecified)</td>
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<td>Middle Eastern Respiratory Syndrome (MERS CoV)</td>
<td>Hepatitis D</td>
</tr>
<tr>
<td>Murray Valley encephalitis virus infection</td>
<td>Hepatitis E</td>
</tr>
<tr>
<td>Paratyphoid</td>
<td>Human Immunodeficiency Virus (HIV) infection[^4]</td>
</tr>
<tr>
<td>Plague</td>
<td>Influenza (laboratory confirmed) (types A and B)[^2]</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Lead (blood lead greater than 5µg/dL[^2])</td>
</tr>
<tr>
<td>Rabies</td>
<td>Leprosy</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Leptospirosis[^2]</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Lyssavirus (including Australian bat lyssavirus)</td>
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<td>Tularaemia</td>
<td>Malaria</td>
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<tr>
<td>Typhoid</td>
<td>Mumps</td>
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<tr>
<td>Viral haemorrhagic fevers</td>
<td>Mycobacterium ulcerans</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>Pertussis</td>
</tr>
<tr>
<td>[1. \text{Previously Group B (or 'routine'), now urgent.} ]</td>
<td>Pneumococcal infection (invasive)</td>
</tr>
<tr>
<td>[2. \text{No medical practitioner notifications required – pathology services only} ]</td>
<td>Psittacosis (ornithosis)^[^2]</td>
</tr>
<tr>
<td>[3. \text{Previously Group A (or 'urgent'), now routine} ]</td>
<td>Q Fever</td>
</tr>
<tr>
<td>[4. \text{Notifications will continue to be de-identified (2x2 name code)} ]</td>
<td>Ross River virus infection[^2]</td>
</tr>
<tr>
<td>[5. \text{New requirement notify} ]</td>
<td>Rotavirus infection[^1,^6]</td>
</tr>
<tr>
<td></td>
<td>Rubella (including congenital rubella)</td>
</tr>
<tr>
<td></td>
<td>Salmonellosis</td>
</tr>
<tr>
<td></td>
<td>Shigatoxin and verotoxin producing <em>E. coli</em> (STEC/VTEC)</td>
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<td></td>
<td>Shigellosis</td>
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<td>Syphilis (including congenital)^[^4]</td>
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</tr>
</tbody>
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[^1]: Previously Group B (or 'routine'), now urgent.
[^2]: No medical practitioner notifications required – pathology services only
[^3]: Previously Group A (or 'urgent'), now routine
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[^5]: New requirement notify