

Changes to notifiable conditions from 1 September 2018

Information for medical practitioners and pathology services

Changes have been made to the specific infectious diseases and medical conditions that must be notified to the Department of Health and Human Services, and how they must be notified.

Following consultation with medical practitioners, pathology services, infectious disease experts and other key stakeholders, the Public Health and Wellbeing Regulations 2009 which set out the requirements for both medical practitioners and pathology services to notify the department of specific conditions have changed to:

- reduce the number of conditions that must be notified by medical practitioners;
- simplify the groupings of notifiable conditions;
- reduce the requirement to notify in writing; and
- reprioritise notification for some conditions.

Amended regulations will commence on **1 September 2018** and will help to reduce the notification workload for medical practitioners, streamline reporting and modernise the scheme.

What has changed?

Ten conditions no longer need to be notified by medical practitioners

Medical practitioners are no longer required to notify the department of cases of the following ten conditions from 1 September 2018:

- Barmah Forest virus infection
- Ross River virus infection
- Arbovirus (other)
- Chlamydia trachomatis infection
- Influenza
- Campylobacteriosis
- Leptospirosis
- Psittacosis
- Blood lead >5µg/dL
- Hepatitis viral (other/not specified)

Pathology services will continue to notify the department of these conditions - these notifications provide the required case information for the department's public health response.

Simplified grouping of notifiable conditions from four to two groups

The groupings of the notifiable conditions have also been simplified. Previously, notifiable conditions have been organised into four groups (A, B, C and D), but from 1 September they are condensed to two groups – 'Urgent' and 'Routine'.

- 'Urgent' conditions (formerly Group A conditions) require immediate telephone notification.
- 'Routine' conditions (formerly Group B, C and D conditions) require written notification within five days. Routine conditions include sexually transmitted infections and HIV, but these conditions will continue to be notified in a manner that does not disclose the identity of the case.

Reduced requirement to notify in writing

While medical practitioners are still required to notify the department immediately by telephone where a specified urgent condition is suspected, the requirement to follow up that notification in writing is no longer necessary from 1 September 2018. Pathology services are still required to follow up urgent notifications in writing within five days by sending the laboratory results, as per established processes.

These changes help reduce the notification workload for medical practitioners, allowing them to focus on a reduced list of priority conditions. The role of pathology service notifications for some conditions will be heightened as laboratory results are now the single source of information for specific conditions.

Re-prioritisation of some conditions

Rotavirus has been added to the 'routine' group of conditions for pathology services (but not medical practitioners). Rotavirus has not previously been notifiable in Victoria. It is the most common cause of severe diarrhoea in young children worldwide and is vaccine-preventable. Notification of rotavirus cases by pathology services in Victoria is important as it enables close surveillance and better understanding of the disease burden and effectiveness of the immunisation program.

Chikungunya virus infection has been reclassified from urgent to routine, reflecting the risk posed by this condition in Victoria. As a routine notifiable condition it must be notified to the department in writing within five days by both medical practitioners and pathology services.

Listeriosis notification has been upgraded from routine to urgent to reflect the public health significance of the disease. Reclassifying this condition ensures that the details of any suspected or confirmed cases are immediately notified to the department by both medical practitioners and pathology services, allowing them to be investigated as a matter of priority.

AIDS has been removed from the notifiable condition list, in line with the national notifiable disease list. The requirement for both medical practitioners and pathology services to notify the department of cases of HIV infection remains.

The new notification requirements for medical practitioners and pathology services are summarised in the following pages.

Why notify?

It's essential for public health and it's protected by law

Medical practitioners and pathology services play a vital role in protecting public health by notifying cases of specific infectious diseases and other conditions to the Department of Health and Human Services. Notification:

- provides a crucial early warning of a potential threat to public health;
- enables the department to respond to prevent or control the spread of disease; and
- allows for the identification of emerging trends and the implementation of appropriate policy responses and public health interventions.

Beyond the formal list of notifiable conditions, the *Public Health and Wellbeing Act 2008* provides a general authority for medical practitioners and pathology services to provide the department with *any* case information that relates to a potential public health risk.

People providing this information are protected from claims of unprofessional conduct and it does not contravene any other legislation. The department encourages medical practitioners and pathology services to pass on the details of any perceived risk to public health, even if it is not currently listed in the regulations. In this way the department can be better informed about public health incidents and trends and take appropriate responses to emerging threats.

Disease information and more information on the notifications scheme can be found at:
www.health.vic.gov.au/notify

Notification requirements for medical practitioners

Effective 1 September 2018

URGENT conditions

Require immediate notification by TELEPHONE upon clinical suspicion or diagnosis (presumptive or confirmed).

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Food-borne and water-borne illness (two or more related cases)
- Haemolytic Uraemic Syndrome (HUS)
- Haemophilus influenza, 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

Phone 1300 651 160
immediately

ROUTINE conditions

Require WRITTEN notification within five days of initial diagnosis.

- Brucellosis
- Chikungunya virus infection
- Creutzfeldt-Jakob disease (CJD) (classical/variant)
- 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
- 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
- Varicella zoster infection (chickenpox/shingles)
- West Nile/Kunjin virus infection

To notify, send notification form via:

- **fax 1300 651 170** (local call)
or
- **post** to Reply Paid 65937
Melbourne VIC 8060
or
- **online** at www.health.vic.gov.au/notify

* Notifications of HIV and sexually transmitted infections must be de-identified to protect patient privacy. Only the first two letters of the family name and given name of the patient are required, along with other prescribed details.

Notification requirements for pathology services

Effective 1 September 2018

URGENT conditions

Require immediate notification by TELEPHONE upon clinical suspicion or diagnosis (presumptive or confirmed), followed by written notification within five days of obtaining test results.

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Food-borne and water-borne illness (two or more related cases)
- Haemophilus influenza, 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

Phone 1300 651 160
immediately

ROUTINE conditions

Require WRITTEN notification within five days of obtaining test results.

- Arbovirus infections – other arbovirus infections
- Barmah Forest virus infection
- Brucellosis
- Campylobacteriosis
- Chikungunya virus infection
- *Chlamydia trachomatis* infection*
- Creutzfeldt-Jakob disease (CJD) (classical/variant)
- Cryptosporidiosis
- Dengue virus infection
- Donovanosis (*Klebsiella granulomatis* infection)*
- Gonococcal infection*
- Hepatitis B (newly acquired or unspecified)
- Hepatitis C (newly acquired or unspecified)
- Hepatitis D
- Hepatitis E
- Hepatitis (other viral)
- Human Immunodeficiency Virus (HIV) infection*
- Influenza
- Lead (blood lead greater than 5µg/dL²)
- Leprosy
- Leptospirosis
- Lyssavirus (including Australian bat lyssavirus)
- Malaria
- Mumps
- *Mycobacterium ulcerans*
- Pertussis
- Pneumococcal infection (invasive)
- Psittacosis (ornithosis)
- Q Fever
- Ross River virus infection
- Rotavirus infection
- Rubella (including congenital rubella)
- Salmonellosis
- Shigatoxin and verotoxin producing *E. coli* (STEC/VTEC)
- Shigellosis
- Syphilis (including congenital)*
- Tetanus
- Tuberculosis
- Varicella zoster infection
- West Nile/Kunjin virus infection

* Notifications of HIV and sexually transmitted infections must be de-identified to protect patient privacy. Only the first two letters of the family name and given name of the patient are required, along with other prescribed details.