

CIRCULAR

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**NOTIFICATION OF INFECTIOUS DISEASES
UNDER THE PUBLIC HEALTH ACT 1991**

This Circular supersedes:

- Circular 2003/89 - Notification of Infectious Diseases under the Public Health Act 1991

The only effective change to circular 2003/89, is the addition of the notifiable conditions, Creutzfeldt-Jakob disease (CJD), variant Creutzfeldt-Jakob disease (vCJD), Smallpox and Tularaemia. Creutzfeldt-Jakob disease (CJD), variant Creutzfeldt-Jakob disease (vCJD), and Smallpox were made notifiable by medical practitioners, laboratories and chief executive officers of hospitals from 16 April 2004. Tularaemia was made notifiable by laboratories from 16 April 2004.

Cancer and several congenital and perinatal conditions and conditions of infants are also notifiable under the Act. Details of notification of these conditions are outlined in separate circulars.

Purpose

One of the aims of the Public Health Act 1991 is to improve infectious disease control in NSW through improved disease notification procedures.

Under the provisions of the Public Health Act 1991 and the Public Health (General) Regulation 2002, doctors, hospital chief executive officers (or general managers), pathology laboratories, directors of child care centres and school principals are required to notify the following diseases:

Distributed in accordance with circular list(s):







A 32	B 6	C 30	D 4	E 4
F 7	G	H 25	I 6	J 20
K	L 5	M 3	N	P 6

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.









To be notified by doctors.


(Category 2, Schedule 1, Public Health Act 1991)

- Acquired immunodeficiency syndrome (AIDS)
- Acute viral hepatitis
- Adverse event following immunisation
- Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease
- Food borne illness in two or more related cases 
- Gastroenteritis among people of any age, in an institution (eg. among persons in educational or residential institutions) 
- Leprosy
- Measles 
- Pertussis (Whooping cough) 
- Severe Acute Respiratory Syndrome (SARS) 
- Smallpox 
- Syphilis
- Tuberculosis

To be notified by hospital chief executive officers (or general managers)

(Schedule 3 and Section 68, Public Health Act 1991)

- Acquired immunodeficiency syndrome (AIDS)
- Acute viral hepatitis
- Adverse event following immunisation
- Botulism 
- Cholera 
- Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease
- Diphtheria 
- Food borne illness in two or more related cases 
- Gastroenteritis among people of any age, in an institution (eg. among persons in educational or residential institutions) 
- Haemolytic Uraemic Syndrome 
- *Haemophilus influenzae* type b invasive infections 
- Legionnaires' disease 

 Notification requested by telephone as soon as a provisional diagnosis is made.

- Leprosy
- Lyssavirus ☎
- Measles ☎
- Meningococcal disease ☎
- Paratyphoid ☎
- Pertussis (Whooping cough) ☎
- Plague ☎
- Poliomyelitis ☎
- Rabies ☎
- Severe Acute Respiratory Syndrome (SARS) ☎
- Smallpox ☎
- Syphilis
- Tetanus
- Tuberculosis
- Typhoid ☎
- Typhus (epidemic) ☎
- Viral haemorrhagic fevers ☎
- Yellow fever ☎







**To be notified by laboratories
(Category 3, Schedule 1, Public Health Act)**


- Anthrax ☎
- Arboviral infection (flaviviruses ☎)
- Botulism ☎
- Brucellosis
- Chancroid
- *Chlamydia trachomatis*
- Cholera ☎
- Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Diphtheria ☎

☎ Notification requested by telephone as soon as a provisional diagnosis is made.

- Giardiasis
- Gonorrhoea
- Granuloma inguinale (Donovanosis)
- *Haemophilus influenzae* type b invasive infection ☎
- Hepatitis A ☎
- Hepatitis B
- Hepatitis C
- Hepatitis D (Delta)
- Hepatitis E ☎
- Human immunodeficiency virus (HIV) infection
- Influenza
- Invasive pneumococcal infection
- Lead poisoning (as defined by a blood lead level of or above 15ug/dl)
- Legionella infections ☎
- Leptospirosis
- Listeriosis
- Lymphogranuloma venereum (LGV)
- Lyssavirus ☎
- Malaria
- Measles ☎
- Meningococcal disease ☎
- Mumps
- Pertussis (whooping cough) ☎
- Plague ☎
- Poliomyelitis ☎
- Psittacosis ☎
- Q fever
- Rabies ☎
- Rubella (German measles)
- Salmonella infections
- Severe Acute Respiratory Syndrome (SARS) ☎








☎ Notification requested by telephone as soon as a provisional diagnosis is made.

- Shigellosis
- Smallpox 
- Syphilis
- Tuberculosis
- Tularaemia 
- Typhus (epidemic) 
- Verotoxin-producing *Escherichia coli* infections 
- Viral haemorrhagic fevers 
- Yellow fever 

 Notification requested by telephone as soon as a provisional diagnosis is made.

To be notified by school principals and directors of child care facilities

(Section 42D, Public Health Act 1991)

- Diphtheria 
- Measles 
- Mumps 
- Pertussis (Whooping cough) 
- Poliomyelitis 
- Rubella (German measles) 
- Tetanus 

 Notification requested by telephone.

NOTIFICATION MECHANISMS

Infectious Diseases notification should be directed to the local Public Health Unit, and should be initiated within twenty-four hours of diagnosis.

Doctors and hospital chief executive officers (or general managers) should notify scheduled medical conditions and provide information specified in the **Doctor/Hospital Notification Form**, either by telephone or in writing. AIDS is reported on the **AIDS Notification Form** because of the need for uniform national data. Laboratories should notify scheduled medical conditions and provide information specified in the **Laboratory Notification form**, either by telephone or in writing. **HIV** is notifiable only by laboratories carrying out confirmatory testing, direct to

Communicable Diseases Branch.

In order to protect patient confidentiality, notifications **must not be made by facsimile machine** except in exceptional circumstances and when confidentiality is ensured.

All infectious diseases notification forms are available from Public Health Units and on the NSW Health website www.health.nsw.gov.au/public-health/forms.

Robyn Kruk

Director-General