Notifiable conditions in Victoria

Your requirement to notify
Infectious diseases and other conditions of concern still occur frequently throughout the world, so constant vigilance is required to minimise their spread. Changes in lifestyle have also led to the emergence of new threats to public health from infection. Health authorities depend on both medical practitioners and pathology services for information on the incidence of these conditions. Notification is vital in efforts to prevent or control the spread of infection and to prevent further harmful exposures. Notifiable conditions are specified in Schedule 4 of the Public Health and Wellbeing Regulations 2009 and are divided into four groups on the basis of the method of notification and the information required.

When to notify
A medical practitioner who reasonably believes that a patient has or may have a notifiable condition or has or may have died with a notifiable condition must notify as follows:

- **Group A** conditions require immediate notification to the Department of Health by telephone upon initial diagnosis (presumptive or confirmed), followed by written notification within five days.

- **Group B** conditions require written notification to the Department of Health upon initial diagnosis within five days.

- **Group C** conditions are the sexually transmissible infections and require written notification to the Department of Health upon initial diagnosis within five days. To preclude identification of the patient, only the first two letters of the family and given name of the patient are required.

- **Group D** conditions are HIV (Human immunodeficiency virus) and AIDS (Acquired immunodeficiency syndrome) and written notification is required within five days of initial diagnosis. Initial notification can be made using this form. However a separate form is used for collecting additional data. Copies of this form are forwarded to the diagnosing medical practitioner with the laboratory confirmation of HIV infection and are available at ideas.health.vic.gov.au.

The department provides pre-printed Reply Paid envelopes (no stamps required) and STD toll free telephone and facsimile numbers to make notifying as simple as possible. Copies of the form, information on conditions, diseases and outbreaks, media releases, disease surveillance data, privacy information and other publications are all available at the Department of Health Internet site ideas.health.vic.gov.au. You can also notify online.

Privacy legislation
Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form. Doctors have a responsibility to inform their patients that their information is being provided to the Department of Health. The department is committed to protecting the confidentiality of the information it receives and is bound by strict policies. Privacy information for doctors and patients is attached. Further copies can be downloaded at ideas.health.vic.gov.au

Further information
All notifications and related inquiries should be directed to:

**Communicable Disease Prevention and Control Section**
Health Protection Branch
Victorian Government Department of Health
Reply Paid 65937, Melbourne VIC 8060
(No postage stamp required)

**Telephone 1300 651160** (After hours service available) or
**Facsimile 1300 651170**
(1300 numbers are charged at the cost of a local call)

Please PRINT clearly and retain a copy of the notification for your records.

Thank you.

March 2013
1303003
### Group A and B Notifiable Conditions

**Group A** – notify immediately on 1300 651160
- Anthrax
- Botulism
- Chikungunya virus infection
- Cholera
- Diphtheria
- Food or water borne illness (two or more related cases)
- Haemolytic uraemic syndrome (HUS)
- Haemophilus influenzae type b infection (Hib)
- Epiglottitis
- Meningitis
- Other, specify:
  - Hepatitis A
  - Japanese encephalitis
  - Legionellosis

**Group B** – notify within 5 days of diagnosis
- Arbovirus infection — other, specify:
- Avian influenza (H5N1, H7N9)
- Barmah Forest virus infection
- Brucellosis
- Campylobacter infection
- Classical CJD
- Cryptosporidiosis
- Dengue virus infection
- Hepatitis B
- Newly acquired
- Unspecified
- Hepatitis C
- Newly acquired
- Unspecified
- Hepatitis D
- Hepatitis E
- Hepatitis viral (not further specified)
- Influenza (laboratory confirmed)
- Type A
- Type B
- Kunjin virus infection
- Legionellosis
- Leptospirosis
- Listeriosis
- Lymphatic filariasis
- Lysavirus
- Australian Bat lysavirus
- Lysavirus — other, specify:
- Malaria
- Mumps
- Mycobacterium ulcerans
- Pertussis
- Pneumococcal infection (invasive)
- Psittacosis (ornithosis)
- Q fever
- Ross River virus infection
- Rubella
- Congenital rubella
- Salmonellosis
- Shigellosis
- Shigatoxin and verotoxin producing Escherichia coli (STEC/VTEC)
- Shigellosis
- Tetanus
- Tuberculosis
- Pulmonary TB
- Extra-pulmonary TB
- Varicella zoster (chickenpox)
- Varicella zoster (shingles)
- Varicella zoster (unspecified)

**Turn page over to notify group C and D conditions**

### Case Details – please answer all questions

- **Patient family name**
- **First name(s)**
- **Residential address**
  - City/Suburb/Town
  - Postcode
- **Date of birth (or age if unknown)**
  - Day
  - Month
  - Year
- **Sex**
  - Male
  - Female
- **Patient alive?**
  - Alive
  - Deceased
- **Is the patient of Aboriginal or Torres Strait Islander origin?**
  - No
  - Yes, Aboriginal
  - Yes, Torres Strait Islander
  - Yes, both Aboriginal and Torres Strait Islander
- **Country of birth**
  - Australia
  - Overseas — specify below:
    - **Country**
    - **Year arrived in Australia**

### Notifier Details (use stamp)

- **Full name of notifying doctor or pathology service**
- **Provider no.**
- **Address**
  - City/Suburb/Town
  - Postcode
- **Telephone**
- **Signature**
- **Date**

### Occupation and/or school and/or child care attended

We may need to contact your patient to obtain further information. Please provide the patient’s daytime telephone number below. If you have any concerns about us contacting the case, please indicate this. Provide a contact person if the patient is a minor.

- **Patient’s daytime telephone**
  - Home
  - Mobile
  - Work

### Parent/guardian name (if applicable)

- **Clinical comments** – include risk factors, mode of transmission (if any) etc.

- **Date of onset of illness**
- **Has laboratory testing been requested?**
  - Yes
  - No
  - Pending

### Lab name?

**DH use only**

March 2013

13030009
**Group C and D notifiable conditions**

**Group C** – notify within 5 days of diagnosis
- Chlamydia trachomatis infection
- Donovanosis
- Gonococcal infection

**Group D** – notify within 5 days of diagnosis
- Acquired immunodeficiency syndrome (AIDS)
- Human immunodeficiency virus (HIV) Infection
- Newly acquired
- Unspecified

**Turn page over to notify group A and B conditions**

### Case details – please answer all questions

<table>
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<tr>
<th>First two letters only:</th>
<th>Clinical comments – include risk factors, mode of transmission (if any) etcetera.</th>
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<tr>
<td><strong>Family name</strong></td>
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