Information for medical practitioners
Infectious diseases and other conditions notifiable in Victoria

Your requirement to notify

Infectious diseases and other conditions of public health concern still occur frequently throughout the world, so constant vigilance is required to minimise their spread.

Notification is a vital step in efforts to prevent or control the spread of infection and to prevent further harmful exposures. Health authorities depend on medical practitioners for information on the incidence of these conditions.

Public Health and Wellbeing legislation

Section 127 of the Public Health and Wellbeing Act 2008 (the Act) sets out the requirements for notification by medical practitioners in Victoria. The Act also requires health services to implement processes to ensure that any registered medical practitioner employed or engaged by, or performing work at, the health service complies with section 127.

Notifiable conditions, along with the timing and details of their reporting, are specified in Schedule 3 of the Public Health and Wellbeing Regulations 2019 (the regulations).

The following is a summary of changes to the regulations which apply from 14 December 2019:

1. Medicare number or other healthcare identifier must be provided for the patient for identified conditions.
2. Infringements may be issued to a person for failing to notify or failing to provide the required information.


In addition to the above, novel coronavirus 2019 (2019-nCoV) was scheduled as a notifiable condition on 29 January 2019.

When and how 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:

- **URGENT** conditions require notification to the department by telephone on 1300 651 160 (24/7) upon initial diagnosis or clinical suspicion (presumptive or confirmed) as soon as practicable and within 24 hours.

- **ROUTINE** conditions require written notification to the department upon initial diagnosis or clinical suspicion (presumptive or confirmed) within five days using either the secure online notification forms available at <www.health.vic.gov.au/notify> or the downloadable forms, also available from the web site.
Information you need to notify

The information medical practitioners are required to notify under regulation 93 is listed in schedule 3 of the regulations.

To assist prompt and complete notification, the department provides secure web forms and downloadable forms for medical practitioners to use for notification. These forms are tailored for each notifiable condition and may also contain enhanced surveillance questions where applicable.

Conditions notifiable by medical practitioners

**URGENT notifiable conditions**

The conditions listed below require notification to the Department of Health and Human Services by telephone on 1300 651160 (24/7) upon initial diagnosis or clinical suspicion (presumptive or confirmed) as soon as practicable and within 24 hours.

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Food-borne and water-borne illness (2 or more related cases)
- Haemolytic Uraemic Syndrome (HUS)
- Haemophilus influenza, type B infection (meningitis, epiglottitis, other invasive infections)
- Hepatitis A
- Japanese encephalitis
- Legionellosis
- Listeriosis
- Measles
- Meningococcal infection (invasive)
- Middle East Respiratory Syndrome coronavirus (MERS-CoV)
- Murray Valley encephalitis (MVE) virus infection
- Paratyphoid
- Plague
- Poliovirus infection
- Rabies
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularaemia
- Typhoid
- Viral haemorrhagic fevers
- Yellow fever

**ROUTINE notifiable conditions**

The conditions listed below require written notification to the department upon initial diagnosis or clinical suspicion (presumptive or confirmed) within 5 days. All written notifications should be sent to either:

- Department of Health and Human Services, Reply Paid 65937, Melbourne VIC 8060
- Facsimile 1300 651170

- Brucellosis
- Chikungunya virus infection
- Creutzfeldt-Jakob disease (classical/variant)
- Cryptosporidiosis
- Dengue virus infection
- *Mycobacterium ulcerans* (Buruli ulcer)
- Pertussis
- Pneumococcal infection (invasive)
- Q Fever
- Rubella (inc. congenital rubella)
• Donovanosis*
• Gonococcal infection*
• Hepatitis B (newly acquired/unspecified)
• Hepatitis C (newly acquired/unspecified)
• Hepatitis D
• Hepatitis E
• Human Immunodeficiency Virus (HIV)* infection
• Leprosy
• Lyssavirus (inc. Australian bat lyssavirus)
• Malaria
• Mumps
• Salmonellosis
• Shigatoxin and verotoxin producing *Escherichia coli* (STEC/VTEC)
• Shigellosis
• Syphilis* (inc. congenital syphilis)
• Tetanus
• Tuberculosis
• Varicella zoster infection (chickenpox/shingles)
• West Nile/Kunjin virus infection

* Sexually transmissible infections (STIs) and HIV infection are notified using coded patient details.

Investigations and enhanced surveillance

The department is authorised to capture additional information to assist investigations, prevent further cases and to inform prevention strategies (including those conditions not or no longer notifiable by medical practitioners). This additional information is often referred to as investigation data or enhanced surveillance data. These data are mandatory and must be provided by medical practitioners when requested.

Urgent and emerging public health concerns

Section 55 of the Act provides the general authority for medical practitioners to provide the department with any case information that relates to an urgent or serious potential public health risk. Within this authority, medical practitioners are able to highlight cases with an importance to public health, including those that are only required to be notified by pathology services. Examples may include a cluster of severe respiratory disease, a cluster of severe unexplained illness, or illness from suspected exposure to a serious hazard.

The authority provides an additional line of communication and much needed link between medical practitioners, as the day-to-day ‘eyes and ears’ of the Victorian health system, and the department. The authority may also be utilised for emerging conditions (identified by the Chief Health Officer or nationally) and increases the sensitivity of the Victorian surveillance system in an era of increasing emerging infections.

Failure to notify

Notification is required by law and penalties exist for failing to notify.

Recent changes to the regulations include the introduction of an infringement penalty of 4 penalty units* for failure to notify. This change allows a more graduated and proportionate means to address poor notification compliance.

Guidance and support will remain the primary means by which the department achieves compliance with the regulations. Infringements may be considered when there is repeated failure to notify or an unwillingness to comply.

This measure reaffirms the critical role medical practitioners play in minimising and preventing infectious disease outbreaks.

*In 2019-20, 1 penalty unit is $165.22.
Privacy legislation

Commonwealth and State privacy legislation does not negate the requirement to notify the specified conditions or to provide the information requested on these forms. Medical practitioners have a responsibility to inform their patients that their information is being provided to the department and that the department may contact them for further information about their illness.


Can my patients refuse to allow the disclosure of this information to the department?

No—it is a legislative requirement that is designed to protect public health, through reducing the risk of transmission of infections, and also by identifying causes and risk factors for infectious diseases and other notifiable conditions.

Surveillance reports

The department publishes state wide and localised data on a daily basis. These reports are available at the from the department's Interactive infectious disease reports website <www.health.vic.gov.au/infectious-diseases>.

Chief Health Officer alerts and advisories

Health alerts and advisories issued by the Chief Health Officer are available at <www.health.vic.gov.au/chiefhealthofficer>. Subscription to health alerts and advisories is also available from the web page.

Health alerts—advise the Victorian community of an issue that is urgent, poses an immediate threat to public health and requires an immediate response.

Health advisories—provide advice on existing threats to the health and wellbeing of Victorians.

Further information

All notifications and related inquiries should be directed to:

Department of Health and Human Services

Reply Paid 65937, Melbourne VIC 8060

Telephone 1300 651160 (24/7) Facsimile 1300 651170

Email <infectious.diseases@dhhs.vic.gov.au>

