

POPULATION HEALTH

Issued 1 February 2010

Guidelines for  
Notification of Notifiable Diseases,  
Human Pathogenic Organisms  
and Contaminants

*Public Health Act 1997*

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# PART I – GENERAL INFORMATION

## I INTRODUCTION

- 1.1 This document contains information and Guidelines. The Guidelines appear in Part 2 in bold text. It is a legal requirement to comply with Guidelines, failure to do so may result in significant fines. The maximum fine that may be imposed under the Act for non-compliance with Guidelines is \$6000.
- 1.2 The Guidelines set out important requirements which apply to the notification of infectious *diseases*, *human pathogenic organisms* and *contaminants* and to the provision of information and counselling of people with *notifiable diseases*.

## 2 DEFINITIONS

### 2.1 In these Guidelines-

**“Act”** means the *Public Health Act 1997*.

**“Australia New Zealand Food Standards Code”** means the Food Standards Code published under that name in the Commonwealth of Australia Gazette on 27 August 1987, together with any amendments of the standards in that Code -

(a) approved by the National Food Standards Council before the commencement of the [Australia New Zealand Food Authority Act 1991](#) of the Commonwealth and published in the Commonwealth of Australia Gazette as forming part of that Code; or

(b) made under the [Australia New Zealand Food Authority Act 1991](#) of the Commonwealth.

**“council”** means a *council* within the meaning of the *Local Government Act 1993*.

**“hospital”** means -

- (a) a *hospital* maintained and operated by or on behalf of the State, including specialist clinics within that hospital; or
- (b) a private medical establishment within the meaning of the *Hospitals Act 1918*.

**“NATA”** means the National Association of Testing Authorities, Australia.

**“patient”** includes -

- (a) a deceased *person*; and
- (b) a *person* in respect of whom a *laboratory* test is carried out; and
- (c) a *person* in respect of whom a notification is given under these Guidelines.

**“person”** includes any body of *persons*, corporate or unincorporate.

**“Sexual Health Service”** is a Statewide service of the Department of Health & Human Services which provides screening, treatment, education, counselling and policy advice on sexuality topics, *sexually transmissible infections* (STIs) and blood borne infections including HIV/AIDS.

**“sexually transmissible infection”** means a *disease* specified in Table I which is marked with a ♥ symbol.

2.2 The following terms are defined in the Act:

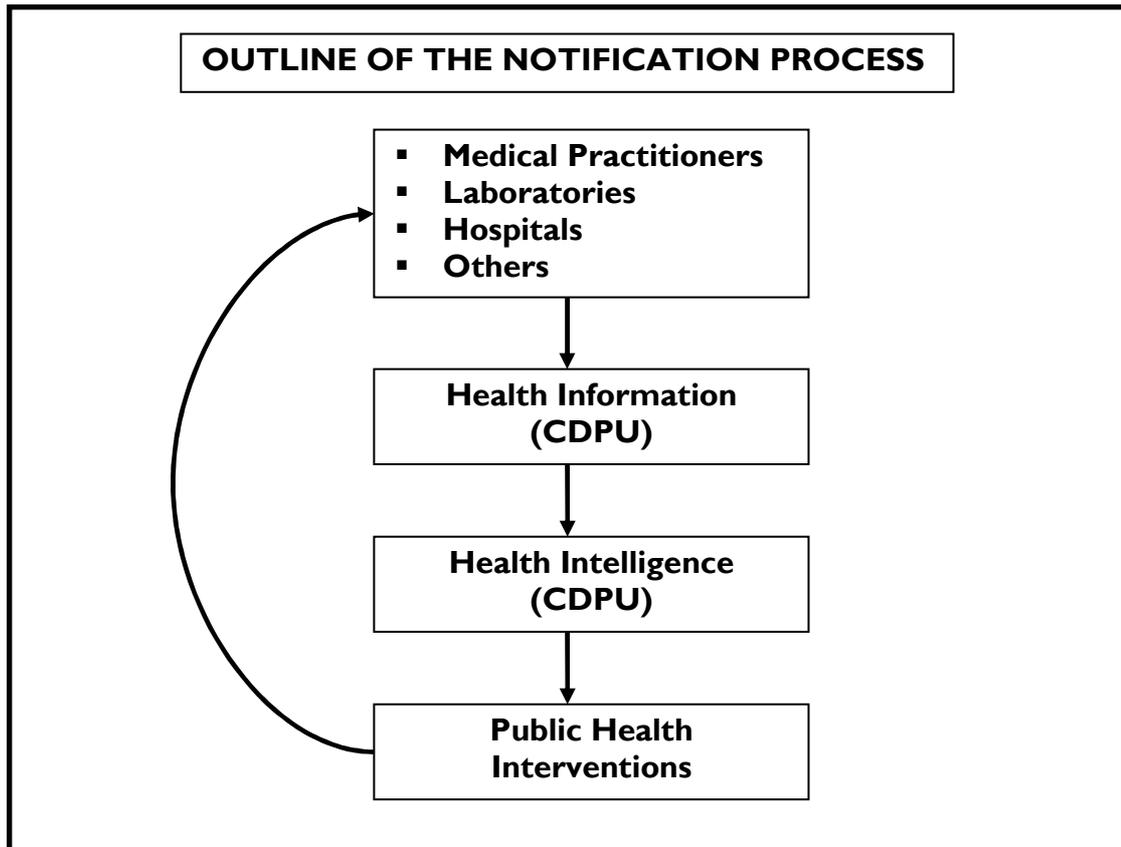
- “*authorised officer*”;
- “*contaminant*”;
- “*food*”;
- “*disease*”;
- “*human pathogenic organism*”;
- “*laboratory*”;
- “*notifiable disease*”; and
- “*premises*”.
- “*Director*”

2.3 Any terms defined in these Guidelines or in the Act appear in italics.

### 3 BACKGROUND INFORMATION

- 3.1 Early information on the occurrence of *notifiable diseases*, *human pathogenic organisms* and *contaminants* is essential to ensure the health and safety of the community.
- 3.2 Medical practitioners, *hospitals* and *laboratories* examining *patients* or samples play a vital role in providing a range of information which can be used to determine the dynamics of particular agents or infections, and in particular to identify threats to the health of the community.
- 3.3 This information, combined with information available from interstate and overseas, forms the basis of public health interventions which are designed to ensure the control and prevention of the spread of *disease*.

Figure 1



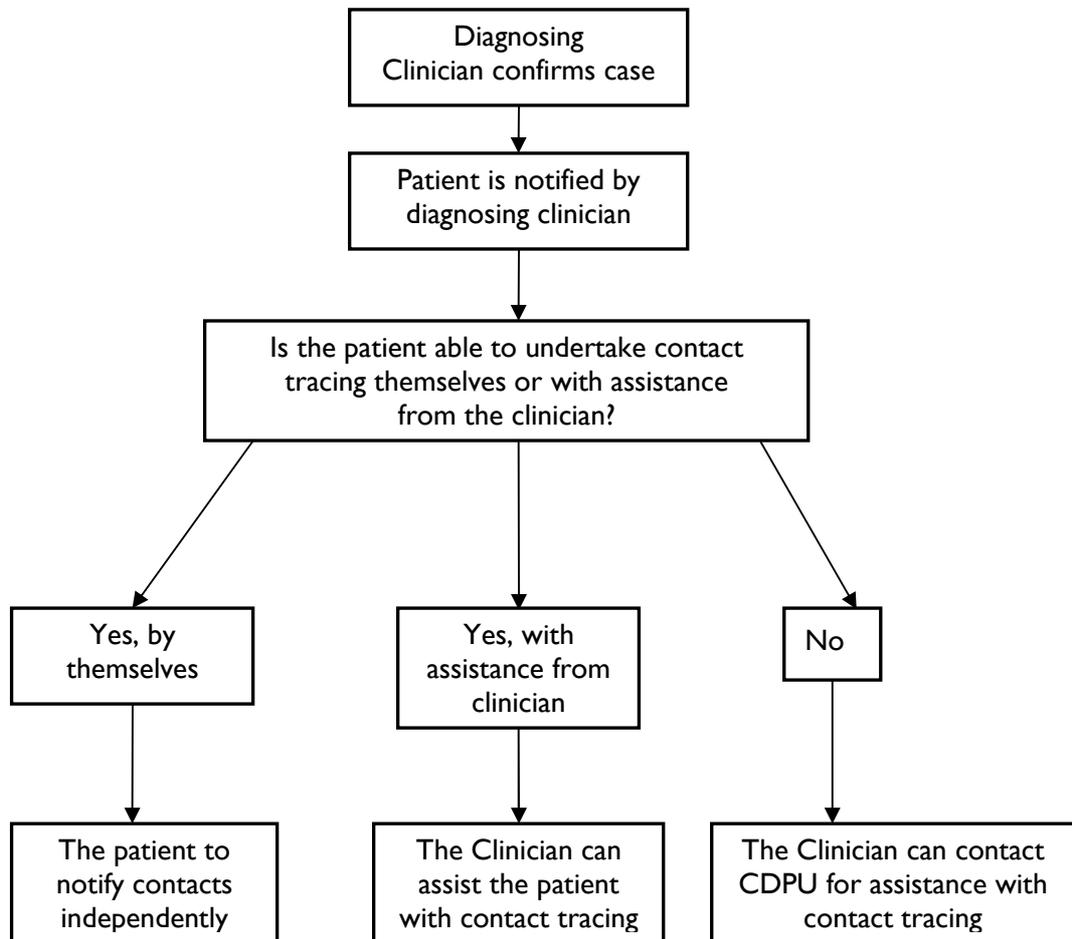
- 3.4 An important surveillance activity of the Communicable Diseases Prevention Unit (CDPU) is to collate and analyse health information, develop health intelligence and coordinate some public health interventions, in consultation with other sections of DHHS, local government, non-government organisations and other health professionals. As indicated by the diagram above, the purpose of notification is to trigger public health interventions aimed at improving the health of the Tasmanian community.
- 3.5 Notification about the detection of an infectious disease, *human pathogen or contaminant in food, water and the environment*, is necessary to build up a picture of an agent which may compromise public health. This information enables the *Director* to assess the situation, and helps form the basis for appropriate public health action.
- 3.6 All cancer cases are required to be notified to cancer registries in the relevant State or Territory. The registries analyse the information provided and produce statistics on cancer incidence and mortality. This assists national, State and Territory efforts to understand causes of cancer, plan health services and assist prevention efforts.
- 3.7 As with *notifiable diseases*, knowledge about the presence of *human pathogenic organisms* and *contaminants* in public water supplies, for example, enables the *Director* to assess the situation, and constitutes the basis for appropriate public health action.

## 4 CONTACT TRACING

- 4.1 Contact tracing is an important part of infectious *disease* control and the *Director* may therefore require additional information to be provided on actual and potential *patient* contacts.
- 4.2 The role of contact tracing is to: -
- (a) provide education concerning *notifiable diseases* and their prevention;
  - (b) ensure that individuals who may have been at risk through past contacts are informed of that fact and are offered testing, or treatment if appropriate;
  - (c) ensure that individuals who may be at risk of infection through current or potential contact are informed of that fact; and
  - (d) create opportunities for counselling and support where necessary.
- 4.3 Contact tracing responsibilities vary depending on the *disease*. Examples of contact tracing include: -
- (a) for tuberculosis, contact tracing will be undertaken by TB staff in consultation with the Department's Regional Tuberculosis Physician;
  - (b) for *sexually transmissible infections* (STIs), contact tracing will be undertaken between the clinician and the *patient*, with support from *Sexual Health Service* staff as required. This process will be facilitated by CDPU. The recommended framework for health care providers managing the contact tracing process for Blood Borne Viruses and sexually transmissible infections is "The Australasian Contact Tracing Manual" which is available on the following website:  
<http://www.ashm.org.au/publications>
- The recommended approach is shown in Figure 2 below.
- (c) for other *diseases*, contact tracing will be undertaken by staff from the Department's CDPU, in consultation with the clinician or other relevant health care workers.
- 4.4 Local government may have a role in contact tracing. Information relating to local government contact tracing is contained in the Local Government Manual which is available on the Internet at: <http://www.dhhs.tas.gov.au>

Figure 2

The recommended contact tracing process for STIs is shown below:



## 5 RELEVANT INFORMATION

- 5.1 Depending on the nature of the condition, the *person* may need to provide further information to the Medical Practitioner, to support necessary public health action. The *Director* will provide the appropriate forms for each different condition where further information is required to be obtained from the *patient*.
- 5.2 It is important that persons affected by any *notifiable disease* are provided with information and advice by their medical practitioner, including information about measures to restrict the transmission of the disease. Requirements for *food* handlers should include counselling in relation to the recommended exclusion periods and additional information as set out in Appendix I. For recommended exclusion periods for schools and child-care facilities refer to the National Health and Medical Research Council's publication *Staying Healthy in Child Care* and the State Education Department. Specific counselling requirements apply to HIV/AIDS. Additional requirements for counselling are set out in paragraph 15 of these Guidelines.
- 5.3 A number of publications are available to assist Medical Practitioners with counselling and providing additional relevant information to the *patient* or *Director*. The publications and advice can be provided to medical practitioners by the CDPU, see contact details at Appendix 2.

## 6 CONFIDENTIALITY

- 6.1 Section 147 of the *Act* regulates the treatment and disclosure of any information received in a notification or investigation. Section 61 of the *Act* provides that a *person* must not disclose any information relating to a *notifiable disease* unless authorised.
- 6.2 Therefore, *personal* information generally cannot be released to any *person* not involved with the investigation or follow-up action.
- 6.3 With regard to *human pathogenic organisms* and *contaminants*, product details and related information will generally not be released to any *person* not involved with the investigation, or follow-up action, unless this action is required to prevent, or manage, a threat to public health. In cases where public release of information is required, such action will only be taken by the *Director*.

## 7 TESTING STANDARDS

- 7.1 It is strongly recommended that tests for the presence of a *human pathogenic organism* or a *contaminant* be performed in a *laboratory* accredited by NATA or an equivalent quality assurance certifying body to NATA approved standards or equivalent quality assurance standards.

## 8 FURTHER INFORMATION AND REFERENCES

8.1 The following publications are available to assist with identification, investigation, follow-up and counselling. Those marked \* contain essential reference criteria for decisions about notification:

- **Manual for Local Government - Notifiable Diseases Section**  
[www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)
- **\*Australia New Zealand Food Standards Code**  
[www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- **\*Australian Guidelines for Recreational Use of Water**  
[www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- **\*Australian Drinking Water Guidelines**  
[www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- **Staying Healthy in Child Care**  
[www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- **Infection Control in Health Care Settings – Guidelines for the prevention and transmission of infectious disease, CDNA**  
[www.icg.health.gov.au](http://www.icg.health.gov.au)

8.2 Advice on meeting the requirements of these guidelines can be obtained from:

Communicable Diseases Prevention Unit  
Department of Health and Human Services  
GPO Box 125  
HOBART TAS 7001

Free call: 1800 671 738

E-mail: [public.health@dhhs.tas.gov.au](mailto:public.health@dhhs.tas.gov.au)

Website: <http://www.dhhs.tas.gov.au/>

# PART 2 - GUIDELINES

## 9 EXCLUSIONS

### 9.1 These Guidelines do not apply to -

- (a) raw drinking water supplies prior to treatment where that treatment will remove the *contaminant*;
- (b) private domestic water supplies - unless the supply is drawn from a source which serves more than one residence; or
- (c) domestic produce not for sale.

## 10 NOTIFIABLE DISEASES

10.1 Outcome required – That the *Director* is notified of any *notifiable disease* in a timely fashion.

The *Director* may, in accordance with these Guidelines, require any *person* or class of person, agency or public authority to notify the *Director* of the presence or occurrence of any *notifiable disease*.

### Persons required to notify

- 10.2 Any medical practitioner and *person* superintending or in charge of a *hospital* or *laboratory* must notify the *Director* of actual or suspected cases of *notifiable diseases* as set out in Table 1.
- 10.3 Notification by a *person* specified in paragraph 10.2 above is not required if that *person* is aware that notification has been given to the *Director*.
- 10.4 The Tasmanian Cancer Registry collects information about cancer on behalf of the *Director*. A *person* superintending or in charge of a *hospital* or *laboratory*, on becoming aware that a test or investigation, whether by pathological, imaging or clinical means carried out in or received by the *hospital* or *laboratory* indicates that a *person* has or has died with a *disease* specified in Table 2 must notify the Tasmanian Cancer Registry of the case.

## 11 HUMAN PATHOGENIC ORGANISMS OR CONTAMINANTS

11.1 Outcome required – That the *Director* is notified of the presence of any *human pathogenic organism* or *contaminant* in accordance with paragraph 12.

### Persons required to notify

11.2 The following *persons* must notify the *Director* of the presence or occurrence of a *contaminant* or *human pathogenic organism* in *food* or *water* which is specified in Table 3:

- (a) *Persons* Superintending or in Charge of a *Laboratory* – on becoming aware that a test carried out in, or received by, the *laboratory* indicates that any *food* or *water* intended for human consumption, or *water* used for recreation or in a regulated system, contains a *human pathogenic organism* or *contaminant* as specified in Table 3; and
- (b) *Persons* responsible for initiating testing, in cases where the testing *laboratory* is not located in Tasmania - on becoming aware that the sample of *food* or *water* intended for human consumption, or *water* used for recreation or in a regulated system, contains a *human pathogenic organism* or *contaminant* which is specified in Table 3.
- (c) Notification by a *person* specified in paragraph 11.1(a) or (b) above is not required if that *person* is aware that the *Director* has already been notified of the presence of the *human pathogenic organism* or *contaminant*.

## 12 SPEED OF NOTIFICATION

12.1 Notification relating to those *notifiable diseases*, *human pathogenic organisms* or *contaminants* marked with the ☎ symbol in Tables 1 or 3 must be made by fax, phone or encrypted email within 1 working day after the initial indication of the result.

12.2 In other cases, notification must be made as soon as possible, and wherever possible within 2 working days after the initial indication of the result: -

- (a) in writing, dated and signed by the *person* giving the notification and in an envelope marked "confidential"; or
- (b) by telephone or other electronic means.

### Note:

In cases where communication is made electronically, there is no need to forward a hard copy of the notification, though it is the responsibility of the notifier to ensure the notification is received.

## 13 CONTENT OF NOTIFICATIONS

### Notifiable diseases

- 13.1 Notification of a *notifiable disease* specified in Table 1 must include the information specified at (a) to (f) inclusive below -**
- (a) the name and residential address of the *patient*;**
  - (b) the sex and date of birth of the *patient*;**
  - (c) whether the *patient* is an Aborigine or Torres Strait Islander;**
  - (d) the name and date of onset of the *disease*;**
  - (e) the date of death (if applicable);**
  - (f) the name and address of the *person* or organisation notifying;**
  - (g) the Director or delegate may carry out further investigation or inquiry into the occurrence of the *notifiable disease* pursuant to powers in Part 3 Division 1 of the Act; and**
  - (h) a notification may include additional information about the patient's country of birth, language spoken at home, occupation and school or child-care facility attended.**

### Sexually transmissible infections

- 13.2 Notification for a *notifiable disease* in Table 1 marked with a ♥ symbol (infections that are also sexually transmissible) must be in the following form: -**
- (a) the notification must be identified by the first 2 letters of the given name and the first 2 letters of the surname of the *patient* only. The full name of the *patient* must not be provided unless it is requested by the *Director*;**
  - (b) only the postcode and suburb of the area in which the *patient* lives must be provided. The full address of the *patient* must not be provided unless it is requested by the *Director*; and**
  - (c) the details set out in points 13.1(b) to (f) inclusive above must be provided.**

### Cancer

- 13.3 Notification of a disease in Table 2 by a *hospital* must include the information specified in Table 4.**
- 13.4 Notification of a disease in Table 2 by a *laboratory* must include the information specified in Table 5.**

## Human pathogenic organisms or contaminants in food or water

### 13.5 Notification of a *human pathogenic organism* or *contaminant* in Table 3 must include the following information: -

- (a) the name and contact details of the *person* or organisation notifying;
- (b) a description of the *food* tested, including (if applicable):
  - (i) contact details for manufacturer, distributor, importer;
  - (ii) variety and size;
  - (iii) batch, code, use-by or best-before details;
  - (iv) quantity; and
  - (v) location of product;
- (c) the location of any drinking water tested (if applicable);
- (d) the location of any recreational water tested (if applicable);
- (e) the location of water in any regulated system (if applicable);
- (f) in the case of a notification by a laboratory, the method of analysis or testing;
- (g) the date the sample was taken;
- (h) the date the sample was analysed;
- (i) the *human pathogenic organism* or *contaminant* identified;
- (j) the quantitative result(s), including units of measurement (if applicable); and
- (k) the Director or his delegate may also carry out further investigation or inquiry into the occurrence of a *human pathogenic organism* or *contaminant* in *food* or *water* pursuant to powers in Part 3 Division 1 of the Act.

## 14 FURTHER INFORMATION

14.1 Outcome required - The compilation of accurate cancer statistics.

14.2 **A medical practitioner, or person in charge of a hospital or laboratory must provide additional information about a cancer patient if requested by an authorised representative of the Tasmanian Cancer Registry for the purposes of that Registry.**

## 15 COUNSELLING

15.1 Outcome required - That *persons* affected by any infectious *notifiable disease* are provided with information and advice by their medical practitioner, Sexual Health Service staff or persons with appropriate training in sexual health matters. The information provided should include measures to restrict the transmission of the *disease*.

- 15.2** In order to prevent the spread of any infectious *notifiable disease*, a medical practitioner who diagnoses a *person* as having, or who suspects a *person* of having, an infectious *notifiable disease* must provide or arrange for that *person* to receive counselling and information appropriate to the relevant infectious *notifiable disease*.

## 16 DATA EXCHANGE BETWEEN DISEASE REGISTRIES

- 16.1** The Tasmanian Cancer Registry, Breast Screen Registry, Cervical Screening Registry and any other disease registry established under the Act may exchange data for the purpose of data checking and program evaluation provided that all reasonable steps are taken to protect the privacy of any individuals identified in the data.
- 16.2** The Tasmanian Cancer Registry, other Australian Cancer Registries and the National Cancer Statistics Clearing House at the Australian Institute of Health and Welfare may exchange data for the purposes of ensuring accurate statistics on cancer cases and cancer related deaths provided that all reasonable steps are taken to protect the privacy of any individuals identified in the data.

# TABLES

TABLE I Notifiable Diseases

For information on criteria used to define each notifiable disease contact CDPU, see Appendix 2 for contact details.

DISEASE NAME	PERSON OR ORGANISATION REQUIRED TO NOTIFY		
	Laboratory	Hospital	Medical Practitioner
Anthrax	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Arbovirus – Ross River virus	Yes		
Arbovirus – Barmah Forest virus	Yes		
Arbovirus - Chikungunya virus	Yes		
Arbovirus – Dengue	Yes		
Arbovirus – Japanese encephalitis	Yes		
Arbovirus – Murray Valley encephalitis	Yes		
Arbovirus – Kunjin virus	Yes		
Arbovirus Other (details to be specified)	Yes		
Botulism	Yes ☎	Yes On Clinical Suspicion ☎	
Brucellosis	Yes		
Campylobacteriosis	Yes		
Chancroid♥	Yes		
Chlamydia trachomatis genital infection♥	Yes		
Cholera	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Creutzfeldt – Jakob Disease (all variants)	Yes Ω	Yes On Clinical Suspicion	Yes On Clinical Suspicion
Cryptosporidiosis	Yes		
Diphtheria	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Donovanosis♥	Yes		
Gastroenteritis in an institution (residential, educational or child care facility)		Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Giardia infection	Yes		
Gonococcal infection♥	Yes		
Haemolytic uraemic syndrome (HUS)		Yes as per Clinical Case Definition ☎	Yes as per Clinical Case Definition ☎
Haemophilus influenzae type b infection (invasive only)	Yes ☎	Yes On Clinical Suspicion ☎	
Hepatitis A	Yes ☎		
Hepatitis B (acute case)	Yes		
Hepatitis B (carrier)	Yes		
Hepatitis C	Yes		
Hepatitis D	Yes		
Hepatitis E	Yes		

DISEASE NAME	PERSON OR ORGANISATION REQUIRED TO NOTIFY		
	Laboratory	Hospital	Medical Practitioner
Hepatitis Other (details to be specified )	Yes		
HIV infection♥	Yes		
Diagnosis of an AIDS defining illness♥ (as per CDNA case definition 1994)		Yes (as per CDNA case definition)	Yes (as per CDNA case definition)
Hydatid infection	Yes		
Influenza infection	Yes		
Influenza infection (Avian Influenza)	Yes ☎ Ω	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Lead [Demonstration of blood level in excess of 10 µg/dL (0.48 µmol/L) in any person not known to be occupationally exposed to lead]	Yes		
Legionellosis	Yes ☎	Yes On Clinical Suspicion ☎	
Leprosy	Yes	Yes On Clinical Suspicion	Yes On Clinical Suspicion
Leptospirosis	Yes		
Listeriosis	Yes ☎		
Lymphogranuloma venereum♥	Yes		
Lyssavirus [including Australian Bat Lyssavirus and others (details to be specified)]	Yes ☎	Yes On Clinical Suspicion ☎	
Malaria	Yes		
Measles	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Meningococcal infection	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Mumps	Yes	Yes On Clinical Suspicion	Yes On Clinical Suspicion
Ornithosis (psittacosis)	Yes		
Paratyphoidosis	Yes ☎		
Pertussis	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Plague	Yes ☎	Yes On Clinical Suspicion ☎	
Pneumococcal infection (invasive disease)	Yes		
Poliomyelitis	Yes ☎	Yes On Clinical Suspicion ☎	
Q Fever	Yes		
Rabies	Yes ☎	Yes On Clinical Suspicion ☎	
Rickettsial infection [including Flinders Island spotted fever and others (details to be specified)]	Yes		
Rotavirus infection	Yes		
Rubella (including congenital rubella)	Yes	Yes (congenital rubella on Clinical Suspicion)	Yes (congenital rubella on Clinical Suspicion)
Salmonellosis	Yes		
Severe Acute Respiratory Syndrome (SARS)	Yes ☎ Ω	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Shiga toxin producing E.coli (both VTEC and STEC)	Yes ☎ Ω	Yes On Clinical Suspicion ☎	
Shigellosis	Yes		
Smallpox	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎

DISEASE NAME	PERSON OR ORGANISATION REQUIRED TO NOTIFY		
	Laboratory	Hospital	Medical Practitioner
Staphylococcus aureus bacteraemia *	Yes		
Suspected cases of food or water borne illness		Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Syphilis (including congenital syphilis) ♥	Yes	Yes On Clinical Suspicion	Yes On Clinical Suspicion
Tetanus		Yes On Clinical Suspicion	
Tuberculosis	Yes		
Tularaemia	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Typhoid	Yes ☎	Yes On Clinical Suspicion ☎	Yes On Clinical Suspicion ☎
Vancomycin resistant enterococci (VRE)	Yes		
Varicella	Yes	Yes On Clinical Diagnosis	Yes On Clinical Diagnosis
Vibrio infection	Yes		
Viral haemorrhagic fever	Yes ☎	Yes On Clinical Suspicion ☎	
Yellow fever	Yes ☎	Yes On Clinical Suspicion ☎	
Yersinia infection	Yes		

### Ω

Laboratories are also required to notify the Director of Public Health **when a request for such testing is received and is accepted for testing.**

\*

Any *Staphylococcus aureus* bacterium isolated from a blood culture **including** methicillin resistant *Staphylococcus aureus* (MRSA).

TABLE 2 Cancers to be notified by a hospital or a laboratory

**Cancer**

(being a malignant neoplasm of human tissue that, if unchecked, is likely to invade adjacent tissues or extend beyond its site of origin and that has the propensity to recur either locally or remotely in the body and, without limiting the generality of the foregoing, includes a carcinoma, sarcoma, mixed tumour, leukaemia, lymphoma, myeloma, melanoma, mesothelioma and all in-situ neoplasms, and in the case of primary tumours of the central nervous system, any benign neoplasm).

TABLE 3 Human pathogenic organisms and contaminants of food and water

To be notified by a person superintending or in charge of a laboratory, or by the person initiating the test

<b>(☎ notify by telephone or other electronic means within 1 working day)</b>	
<b>A.</b>	<b>Specific Human pathogenic organisms of Food and Drinking Water</b>
	Campylobacter sp. ☎
	Clostridium botulinum, including toxin ☎
	Clostridium perfringens, with or without toxin ☎
	Hepatitis A ☎
	Listeria sp. ☎
	Salmonella sp. ☎
	Shiga toxin producing E.coli (both VTEC and STEC) ☎
	Shigella sp. ☎
	Staphylococcus aureus, with or without toxin ☎
	Vibrio sp. ☎
	Yersinia sp. ☎
<b>B.</b>	<b>General Human Pathogenic Organisms of Food and Drinking Water</b>
(a)	In the case of <i>food</i> , any food borne microorganism for which a maximum permitted level is set under the <b>Australia New Zealand Food Standards Code</b> if the amount exceeds the set maximum permitted levels for that microorganism.
(b)	In the case of <i>drinking water</i> , any microorganism for which a health guideline value is set under the <b>Australian Drinking Water Guidelines</b> issued by the <b>National Health and Medical Research Council</b> as amended from time to time if the amount of the microorganism exceeds the health guideline value.
<b>C.</b>	<b>Metals, Pesticides and Other Contaminants of Food and Drinking Water</b>
(a)	(i) In the case of <i>food</i> , any metal or non-metal contaminant or natural toxicant for which a maximum level is set under the <b>Australia New Zealand Food Standards Code</b> , if the amount exceeds the maximum level for that metal or non-metal contaminant or natural toxicant.
	(ii) In the case of <i>food</i> , any agricultural or veterinary chemical for which a maximum or extraneous residue limit is set under the <b>Australia New Zealand Food Standards Code</b> , if the amount exceeds the maximum or extraneous residue limit for that agricultural or veterinary chemical.
(b)	In the case of <i>drinking water</i> , any substance for which a health guideline value is set under the <b>Australian Drinking Water Guidelines (NHMRC)</b> as amended from time to time, if the amount of the substance exceeds the relevant health guideline value.

**TABLE 3 (continued)**

<p><b>D. Toxins in the Edible Portion of Seafood</b></p> <p>(a) Ciguatera toxin ☞; (b) Domoic acid levels greater than 20mg/kg ☞; (c) Histamine levels greater than 100mg/kg ☞; or (d) Paralytic Shellfish Poisoning toxins levels greater than 0.8mg/kg ☞.</p>
<p><b>E. Recreational Waters - Primary Contact</b></p> <p><b>Any substance or organism for which a health guideline value is set under the Australian Guidelines for the Recreational Use of Water issued by the National Health and Medical Research Council if present at a level which exceeds the guideline value.</b></p>
<p><b>F. Swimming Pool and Spa Water</b></p> <p>(a) Legionella species ☞; (b) Pseudomonas aeruginosa ☞</p>
<p><b>G. Regulated systems (including cooling towers, warm water systems)</b></p> <p>(a) Legionella species ☞</p>

The *notifiable diseases, human pathogenic organisms and contaminants* contained in Tables 1, 2 and 3 were declared by the Director of Public Health under section 40 of the *Public Health Act 1997* on 27 September 2000; and amended on 7 April 2003; and 24 January 2006.

TABLE 4 Cancer information to be provided by hospitals

<b>Name of hospital</b>
<b>Notifier's number</b>
<b>Hospital unit record number</b>
<b>Medicare number</b>
<b>Patient details:</b>
<b>Surname</b>
<b>Given name(s)</b>
<b>Address</b>
<b>Postcode</b>
<b>Date of birth</b>
<b>Sex</b>
<b>Occupation</b>
<b>Country of birth</b>
<b>Indigenous Status</b>
<b>Doctor in charge of case:</b>
<b>Name</b>
<b>General practitioner:</b>
<b>Name</b>
<b>Address</b>
<b>Telephone number</b>
<b>Date of admission</b>
<b>Vital status in hospital</b>
<b>Date of death in hospital (if relevant)</b>
<b>ICD-10 code (site and morphology)</b>
<b>Date of notification</b>

TABLE 5 Cancer information to be provided by laboratories

<b>Name of pathologist or pathology group</b>
<b>Notifier's number</b>
<b>Laboratory reference number</b>
<b>Hospital unit record number (where available)</b>
<b>Date received</b>
<b>Date reported</b>
<b>Reported by (Pathologist)</b>
<b>Patient details:</b>
<b>Surname</b>
<b>Given name(s)</b>
<b>Address</b>
<b>Postcode</b>
<b>Date of birth</b>
<b>Sex</b>
<b>Referring doctor:</b>
<b>Name</b>
<b>Address</b>
<b>Telephone number</b>
<b>Body of Report:</b>
<b>Method of diagnosis, specimen site, clinical history, macroscopic, microscopic, and diagnoses (site and morphology).</b>
<b>Where available: Staging T.N.M., laterality, size, grade, differentiation, and thickness and level of melanomas.</b>
<b>Snomed codes (topography and morphology)</b>

# APPENDICES

## APPENDIX I

### Recommended minimum exclusion periods for *food handlers*\*

**Note: These periods apply to persons who are involved in the handling\*\* of food for human consumption, for a food business\*\*\*.**

Illness/Organism	Period of Exclusion for Case
<p><b>Gastroenteritis</b> (acute vomiting and/or diarrhoea)</p> <p>(a) When the organism is unknown</p> <p>(b) When the organism is known to be:</p> <ul style="list-style-type: none"> <li>▪ Norwalk or Norwalk like virus and other viral gastroenteritis</li> <li>▪ <i>Salmonella</i> (non typhoid)</li>   <li>▪ Typhoid and Paratyphoid</li>   <li>▪ <i>Cholera, Shigella</i> and <i>VTEC</i></li> </ul> <p>All others including:</p> <ul style="list-style-type: none"> <li>▪ Other bacterial gastroenteritis (<i>Campylobacter, Yersinia</i> and others)</li> <li>▪ Toxin producing bacteria (<i>Staphylococcus aureus, Clostridium perfringens, Bacillus cereus</i>)</li> <li>▪ Parasites (<i>Cryptosporidium, Entamoeba histolytica</i> (Amoebiasis), <i>Giardia lamblia</i>)</li> </ul>	<p>Any person with gastroenteritis must be excluded from food handling. Exclude until 48 hours after symptoms have ceased.</p> <p>Any person with gastroenteritis must be excluded from food handling. Exclude until 48 hours after symptoms have ceased.</p> <p>Any person with gastroenteritis must be excluded from food handling. Exclude at least until symptoms have ceased and counsel on returning to work regarding good personal hygiene. Known carriers of <i>Salmonella</i> should not work in food preparation areas without assessment of the premises and individual work practices.</p> <p>Exclude from food handling until 3 consecutive negative specimens of faeces are obtained. Specimens should be taken each week for 3 weeks. If the urine was positive on initial diagnosis or the person has a history of urinary tract disease, urine samples should be collected in addition to faeces.</p> <p>If a person is deemed to be a typhoid carrier (i.e. any person who continues to excrete <i>Salmonella typhi</i> organisms for 90 days or longer) contact the Director of Public Health for further management.</p> <p>Exclude until 2 consecutive faecal specimens taken at least 24 hours apart are found to be negative.</p> <p>Any person with gastroenteritis must be excluded from food handling. Exclude at least until symptoms have ceased and counsel on returning to work regarding good personal hygiene.</p> <p>Any person with gastroenteritis must be excluded from food handling. Exclude at least until symptoms have ceased and counsel on returning to work regarding good personal hygiene.</p> <p>Any person with gastroenteritis must be excluded from food handling. Exclude at least until symptoms have ceased and counsel on returning to work regarding good personal hygiene.</p>
<p><b>Hepatitis A (and Hepatitis E)</b></p>	<p>Exclude from food handling until one week after the onset of jaundice. (Any person with acute hepatitis must be excluded from work until the laboratory tests have revealed the condition not to be Hepatitis A or E).</p>
<p><b>Boils, abscesses, and other purulent lesions of hands, face or nose.</b></p>	<p>Exclude unless lesion is covered with a waterproof dressing.</p>

\* **food handler** means a person who directly engages in the handling of food, or who handles surfaces likely to come into contact with food, for a food business.

\*\* **handling** of food includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving, or displaying of food. Hence any person who undertakes any of these activities for a food business is considered to be a food handler.

\*\*\* **food business** means a business, enterprise or activity (other than primary food production) that involves:

- a) the handling of food intended for sale, or
- b) the sale of food,

regardless of whether the business, enterprise or activity concerned is of a commercial, charitable or community nature or whether it involves the handling or sale of food on one occasion only.

## **Australia New Zealand Food Standards Code (ANZFS) Health & Hygiene Requirements for Food Handlers**

The Australia New Zealand Food Standards Code, Chapter 3 - Food Safety Standards details further legislative requirements for food handlers. Specifically, *Division 4 – Health and hygiene requirements* of Food Safety Standard 3.2.2 deals with the health and hygiene of food handlers.

It states that a food handler who has a symptom that indicates the handler may be suffering from a food-borne disease, or knows he or she is suffering from a food-borne disease, or is a carrier of a food-borne disease, must, if at work:

- (a) report that he or she is or may be suffering from the disease, or knows that he or she is carrying the disease, to his or her supervisor, as the case may be;
- (b) not engage in any handling of food where there is a reasonable likelihood of food contamination as a result of the disease; and
- (c) if continuing to engage in other work on the food premises - take all practicable measures to prevent food from being contaminated as a result of the disease.

Also, a food handler who suffers from a condition must, if at work -

- (a) if there is a reasonable likelihood of food contamination as a result of suffering the condition - report that he or she is suffering from the condition to his or her supervisor; and
- (b) if continuing to engage in the handling of food or other work - take all practicable measures to prevent food being contaminated as a result of the condition.

There are also sections on hygiene of food handlers and the requirements for the food business in relation to the health and hygiene of food handlers and the general duties of food businesses in the Food Safety Standards. Additional information is also available in the document *Safe Food Australia*, an interpretative guide for the Food Safety Standards.

### **COUNSELLING ADVICE**

1. *Patient* should be counselled to ensure that they minimise direct contact with *food*;
2. *Patient* must wash hands thoroughly using the designated hand washing facilities, soap or other effective means and warm running water: -
  - whenever his or her hands are likely to be a source of contamination of food;
  - before commencing or re-commencing handling food;
  - immediately after smoking, coughing, sneezing, using a handkerchief or tissue, eating, drinking or smoking;
  - after touching hair, scalp or a body opening;
  - immediately before working with ready-to-eat food after handling raw food; and
  - immediately after using the toilet.
3. *Patient* must thoroughly dry hands on single use (e.g. disposable paper) towels or an electric air dryer.

## APPENDIX 2

### Contact Details

Communicable Diseases Prevention Unit  
Department of Health and Human Services  
GPO Box 125  
HOBART TAS 7001

Freecall: 1800 671 738  
Email: [public.health@dhhs.tas.gov.au](mailto:public.health@dhhs.tas.gov.au)  
Website: <http://www.dhhs.tas.gov.au>

Tasmanian Cancer Registry  
Menzies Centre for Population Health Research  
GPO Box 252-23  
HOBART TAS 7001

Phone: (03) 6226 7700  
Fax: (03) 6226 7704  
Email: [tcrc@menzies.utas.edu.au](mailto:tcrc@menzies.utas.edu.au)  
Website: <http://www.menzies.utas.edu.au/Cancer/cancer.htm>

### Where to obtain copies of the Guidelines and the Act

Copies of the Guidelines are available online at <http://www.dhhs.tas.gov.au>

If you have trouble accessing the online guidelines please call free call: 1800 030 940

Copies of the *Public Health Act 1997* are available from the Printing Authority of Tasmania, and online at <http://www.thelaw.tas.gov.au>