

DISEASE REPORTING

REVISED – September 2022

HOSPITALS

Under the *Public Health Act 2010* and Regulation, hospitals CEOs (or their delegates) are required to notify the following diseases

URGENT: BY PHONE as soon as possible

- Avian Influenza
- Botulism
- Cholera
- variant Creutzfeldt-Jakob disease (vCJD)
- Diphtheria
- Foodborne illness (≥ 2 linked cases)
- Gastroenteritis (in an institution)
- Haemolytic uraemic syndrome
- Haemophilus influenzae type b
- Legionnaires' disease
- Lyssavirus
- Measles
- Meningococcal disease
- Middle East respiratory syndrome coronavirus (MERS-CoV)
- Monkeypox
- Paratyphoid
- Plague
- Poliomyelitis
- Rabies
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Typhoid
- Typhus (epidemic)
- Viral haemorrhagic fevers
- Yellow fever

ROUTINE: By Phone or Mail

- Acute rheumatic fever
- Acute viral hepatitis
- Adverse event following immunisation
- Creutzfeldt-Jakob disease (CJD)
- COVID-19
- Leprosy
- Pertussis
- Rheumatic heart disease (less than 35 years of age)
- Silicosis
- Syphilis
- Tetanus
- Tuberculosis

NOTIFICATION MECHANISMS

Please initiate case notification within 24 hours of diagnosis

Notifications should be directed to the local Public Health Unit.

Doctors and hospital chief executive officers (or their delegate) should provide information specified in the Doctor/Hospital Notification form, either by telephone or in writing.

All notifications are strictly confidential

In order to protect patient confidentiality, notifications should only be made by facsimile machine to a designated public health unit line.

Infectious diseases notification forms are available from your local Public Health Unit and can be found at: <http://www.health.nsw.gov.au/Infectious/Pages/notification.aspx>

