Revised December 2014

Purpose of this document:

This document lists what results pathology laboratories should notify to the Queensland Notifiable Conditions Register for each condition that is currently notifiable under the Queensland Public Health Act 2005 and Public Health Regulation 2005.

Significant changes to this edition.

• Australian Bat lyssavirus has been combined with rabies and other lyssaviruses.
• Severe Acute Respiratory Syndrome (SARS) has been incorporated into coronavirus - Middle East Respiratory (MERS) and Severe Acute Respiratory Syndrome (SARS) only.
• Inclusion of NAT testing of sterile sites for listeriosis.
• Inclusion of Shiga toxin-producing *Escherichia coli* (STEC).
• Paratyphoid has been combined with typhoid.
• Inclusion of glossary.
## Notifiable conditions

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<td>CF</td>
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<td>CSF</td>
<td>Cerebrospinal fluid</td>
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<td>EIA</td>
<td>Enzyme immunoassay</td>
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<td>ELISA</td>
<td>Enzyme-linked immunosorbent assay</td>
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<td>IFA</td>
<td>Immunofluorescence assay</td>
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<td>IgA</td>
<td>Immunoglobulin A</td>
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<td>IgG</td>
<td>Immunoglobulin G</td>
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<td>IgM</td>
<td>Immunoglobulin M</td>
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<td>MAT</td>
<td>Microscopic agglutination test</td>
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<td>MIA</td>
<td>Microsphere immunoassay</td>
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<td>MIF</td>
<td>Migration inhibitory factor</td>
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<td>Nucleic acid testing</td>
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<td>SoNG</td>
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<td>VIDRL</td>
<td>Victorian Infectious Diseases Reference Laboratory</td>
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Alphavirus infections (Barmah Forest, getah, Ross River, sindbis)

Isolation of a specified alphavirus,
OR
Detection of specified alphaviral nucleic material by NAT, OR
IgG seroconversion or a fourfold or greater rise in titre in paired sera to specified alphavirus or a significant increase in IgG,
OR
Detection of specified alphavirus specific IgM antibodies.

Date of last review | 20 March 2014

Anthrax

Request for Anthrax testing is notifiable

Isolation of *Bacillus anthracis* vegetative cells or spores confirmed by a reference laboratory,
OR
Detection of *Bacillus anthracis* by NAT,
OR
Detection of *Bacillus anthracis* by microscopic examination of stained smears.

Date of last review | 20 March 2014

Arbovirus infections (other, not specified)

Isolation of an arbovirus not otherwise specified,
OR
Detection of specified arbovirus nucleic material by NAT,
OR
IgG seroconversion or a fourfold or greater rise in titre in paired sera to specified arbovirus or significant increase in specific IgG,
OR
Detection of specified arbovirus specific IgM antibodies.

Date of last review | 20 March 2014

Avian influenza (human)

Request for avian influenza testing is notifiable

Detection of avian influenza virus by NAT from appropriate respiratory tract specimen,
OR
Isolation of avian influenza virus by culture from appropriate respiratory tract specimen,
OR
Detection of avian influenza virus antigen from appropriate respiratory tract specimen.

Date of last review | 20 March 2014
**Botulism**

Request for botulism testing is notifiable

Isolation of *Clostridium botulinum*,

OR

Detection of *C. botulinum* toxin in serum or faeces.

| Date of last review | 20 March 2014 |

**Brucellosis**

Isolation of *Brucella* species,

OR

IgG seroconversion or a fourfold or greater rise in paired sera in titre to *Brucella* or significant increase in IgG antibody level,

OR

Detection of *Brucella* species by NAT,

OR

A single high *Brucella* agglutination titre.

| Date of last review | 14 April 2014 |

**Bunyavirus infections (gangan, mapputta virus, termiel, trubanaman etc.)**

Isolation of a specified bunyavirus from blood, CSF or tissue specimens,

OR

Detection of specified bunyavirus nucleic material by NAT,

OR

IgG seroconversion or a fourfold or greater rise in titre in paired sera to specified bunyavirus or a significant rise in IgG,

OR

Detection of specified bunyavirus specific IgM antibodies.

| Date of last review | 20 March 2014 |

**Campylobacteriosis**

Isolation of *Campylobacter* species from faeces or other clinical specimen,

OR

Detection by NAT of *Campylobacter* species from faeces or other clinical specimen.

| Date of last review | 20 March 2014 |

**Chancroid**

Isolation of *Haemophilus ducreyi*,

OR

Detection of *Haemophilus ducreyi* by NAT from a genital ulcer specimen.

| Date of last review | 20 March 2014 |
Chikungunya

Isolation of chikungunya virus,
OR
Detection of chikungunya virus by NAT,
OR
Seroconversion or a significant rise in antibody level or a fourfold or greater rise in titre to chikungunya virus,
OR
Detection of chikungunya virus-specific IgM.

Date of last review | 20 March 2014

Chlamydia trachomatis infections (excluding Lymphogranuloma venereum)

Isolation of Chlamydia trachomatis,
OR
Detection of Chlamydia trachomatis by NAT,
OR
Detection of Chlamydia trachomatis antigen.

Date of last review | 20 March 2014

Cholera

Isolation of Vibrio cholerae subgroup 01 or 0139,
OR
Detection of Cholera toxin genes by NAT.

Date of last review | 20 March 2014

Coronavirus - Middle East Respiratory (MERS) and Severe Acute Respiratory Syndrome (SARS) only

Request for MERS or SARS coronavirus testing is notifiable

Detection of MERS or SARS coronavirus (MERS/SARS-CoV) by NAT using a validated method from at least two different clinical specimens (e.g. nasopharyngeal and stool),
OR
the same clinical specimen collected on two or more days during the course of the illness (e.g. sequential nasopharyngeal aspirates),
OR
two different assays or repeat NAT using a new RNA extract from the original clinical sample on each occasion of testing,
OR
seroconversion or fourfold rise in titre to MERS/SARS-CoV in paired sera tested by ELISA or IFA,
OR
Isolation of MERS/SARS-CoV AND detection of MERS/SARS-CoV by NAT using a validated method.

Date of last review | 20 March 2014
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<thead>
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<th><strong>Creutzfeldt-Jakob Disease</strong></th>
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<tr>
<td>Histopathological report compatible with Creutzfeldt-Jakob disease examined by an anatomical pathologist experienced in Creutzfeldt-Jakob disease diagnosis, or Detection of 14-3-3 protein in cerebrospinal fluid.</td>
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<th><strong>Cryptosporidiosis</strong></th>
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<tr>
<td>Detection of <em>Cryptosporidium</em> oocysts in a faecal sample, or Detection of <em>Cryptosporidium</em> specific antigen, or Detection of <em>Cryptosporidium</em> by NAT.</td>
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<th><strong>Dengue</strong></th>
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<td>Isolation of the specified flavivirus, or Detection of specified flavivirus nucleic material by NAT, or IgG seroconversion or a fourfold or greater rise in titre in paired sera to specified flavivirus proven by neutralisation or another specific test, or Detection of specified flavivirus specific IgM antibodies in CSF, or Detection of dengue virus-specific IgM in serum, or Detection of dengue non-structural protein 1 (NS1) antigen in blood.</td>
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<td>Isolation of <em>Corynebacterium diphtheriae</em> possessing the toxin gene or <em>C. ulcerans</em> possessing the toxin gene confirmed by NAT, or Isolation of <em>Corynebacterium diphtheriae</em> or <em>C. ulcerans</em> (toxin production unknown).</td>
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<td>Detection of <em>Klebsiella granulomatis</em> by NAT of a specimen taken from a lesion, or Demonstration of intracellular Donovan bodies on smears or biopsy specimens taken from a lesion.</td>
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**Flavivirus infections – specified other (alfuy, Edge Hill, kokobera, Stratford)**

Isolation of the specified flavivirus from blood, CSF or tissue specimens,  
OR  
Detection of specified flavivirus nucleic material by NAT,  
OR  
IgG seroconversion or a fourfold or greater rise in titre in paired sera to specified flavivirus,  
OR  
Detection of specified flavivirus specific IgM antibodies.

**Date of last review**  
20 March 2014

**Flavivirus infections (unspecified)**

Isolation of an unspecified flavivirus from blood, CSF or tissue specimens,  
OR  
Detection of group specific but flavivirus unspecified nucleic material by NAT,  
OR  
IgG seroconversion or a fourfold or greater rise in titre in paired sera to an unspecified flavivirus,  
OR  
Detection of unspecified flavivirus specific IgM antibodies.

**Date of last review**  
20 March 2014

**Gonococcal infection**

Isolation of *Neisseria gonorrhoeae*,  
OR  
Detection of *Neisseria gonorrhoeae* by NAT.

**Date of last review**  
20 March 2014

**Haemophilus influenzae type b infection (invasive)**

Isolation of *Haemophilus influenzae* from a normally sterile site,  
OR  
Detection of *Haemophilus influenzae* type b from a normally sterile site confirmed by NAT.

**Date of last review**  
14 April 2014

**Hendra virus**

Request for Hendra testing is notifiable

Isolation of Hendra virus,  
OR  
Detection of Hendra virus nucleic acid by appropriate methods,  
OR  
Detection of antibody to Hendra virus by MIA, ELISA or IFA, or SNT.

**Date of last review**  
20 March 2014
**Hepatitis A**
Detection of hepatitis A virus by NAT,  
**OR**  
Detection of hepatitis A-specific IgM.  
**Date of last review** | 20 March 2014

**Hepatitis B**
Detection of hepatitis B surface antigen (HBsAg),  
**OR**  
Detection of hepatitis B virus by nucleic acid testing,  
Hepatitis B core IgM antibody positive (Anti-HBc IgM),  
**OR**  
Hepatitis B core IgM antibody negative (Anti-HBc IgM) (if positive result for HBsAg or NAT)*.  
*Required for the purpose of classifying notifications as acute or chronic hepatitis B  
**Date of last review** | 31 August 2010

Note: review of this definition has been deferred until the revised SoNG is published by the Communicable Diseases Network of Australia (CDNA).

**Hepatitis C**
Detection of anti-hepatitis C antibody confirmed by second assay,  
**OR**  
Detection of hepatitis C virus by NAT,  
**OR**  
Detection of hepatitis C antigen.  
**Date of last review** | 24 May 2011

Note: review of this definition has been deferred until the revised SoNG is published by the Communicable Diseases Network of Australia (CDNA).

**Hepatitis D**
Detection of IgM or IgG antibodies to hepatitis D virus,  
**OR**  
Detection of hepatitis D virus on liver biopsy.  
**Date of last review** | 20 March 2014

**Hepatitis E**
Detection of IgM or IgG antibodies to hepatitis E,  
**OR**  
Detection of hepatitis E viral antigen or nucleic acid.  
**Date of last review** | 20 March 2014
**Human immunodeficiency virus (HIV) infection**

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**Date of last review** | 30 November 2010

Note: review of this definition has been deferred until the revised SoNG is published by the Communicable Diseases Network of Australia (CDNA).

**Influenza**

| Isolation of influenza virus by culture from an appropriate respiratory tract specimen, |
| Detection of influenza virus by NAT from an appropriate respiratory tract specimen, |
| Detection of influenza antigen from an appropriate respiratory tract specimen, |
| IgG or IgA seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to influenza virus, |
| Single high titre to influenza virus. |

**Date of last review** | 20 March 2014

**Invasive Group A Streptococcal disease**

| Isolation of group A Streptococcus (*Streptococcus pyogenes*) by culture from a normally sterile site e.g. blood or cerebrospinal fluid or joint, pleural or pericardial fluid. |

**Date of last review** | 20 March 2014

**Japanese encephalitis**

| Request for Japanese encephalitis testing is notifiable |
| Isolation of the specified flavivirus, |
| Detection of specified flavivirus nucleic material by NAT, |
| IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre in paired sera to specified flavivirus, |
| Detection of specified flavivirus specific IgM antibodies. |

**Date of last review** | 20 March 2014
## Lead exposure

Demonstration of a blood lead level of 10ug/dL (0.48umol/L) or more in any person.

| Date of last review | 20 March 2014 |

## Legionellosis

Isolation of *Legionella*,

OR

Presence of *Legionella* urinary antigen,

OR

Seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to *Legionella*,

OR

Single high antibody titre to *Legionella*,

OR

Detection of *Legionella* by NAT.

| Date of last review | 14 April 2014 |

## Leprosy (Hansen’s disease)

Detection of *Mycobacterium leprae* by NAT from the ear lobe or other relevant specimens,

OR

Demonstration of characteristic acid fast bacilli in slit skin smears and biopsies prepared from the ear lobe or other relevant sites,

OR

Histopathological report from skin or nerve biopsy compatible with leprosy (Hansen’s disease) examined by an anatomical pathologist or specialist microbiologist experienced in leprosy diagnosis.

| Date of last review | 20 March 2014 |

## Leptospirosis

Isolation of pathogenic *Leptospira* species,

OR

A positive *Leptospira* EIA IgM result,

OR

Four fold or greater increase in leptospirosis microscopic agglutination test (MAT) titre,

OR

A single high leptospirosis microscopic agglutination test (MAT) titre greater than or equal to 400 against a pathogenic species,

OR

Detection of pathogenic *Leptospira* sp. by NAT.

| Date of last review | 20 March 2014 |
**Listeriosis**

Isolation of *Listeria monocytogenes* from a site that is normally sterile, including foetal gastrointestinal contents,

**OR**

Detection of *L. monocytogenes* by NAT from a site that is normally sterile, including foetal gastrointestinal contents.

**Date of last review** | 13 November 2014

**Lymphogranuloma venereum**

Isolation of *Chlamydia trachomatis* serovars L1, L2 or L3,

**OR**

Detection of *Chlamydia trachomatis* serovars L1, L2 or L3 by NAT.

**Date of last review** | 20 March 2014

**Malaria**

Detection and specific identification of malaria parasites by microscopy on blood films with confirmation of species,

**OR**

Detection of Plasmodium species by NAT,

**OR**

A positive result with a rapid immunodiagnostic (immunochromatography or antigen detection EIA) test.

**Date of last review** | 20 March 2014

**Measles**

Isolation of measles virus,

**OR**

Detection of measles virus antigen or nucleic acid,

**OR**

Demonstration of measles specific IgM antibody,

**OR**

IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre in paired sera to measles virus.

**Date of last review** | 20 March 2014

**Melioidosis**

Isolation of *Burkholderia pseudomallei* from any site,

**OR**

Detection of *Burkholderia pseudomallei* by NAT from any site.

**Date of last review** | 20 March 2014
Meningococcal Disease (invasive)
Isolation of *Neisseria meningitidis* from a normally sterile site or eye/conjunctiva,
OR
Detection of specific meningococcal DNA sequences in a specimen from a normally sterile site by NAT,
OR
Detection of Gram-negative diplococci in Gram’s stain of specimen from a normally sterile site or from a suspicious skin lesion,
OR
High titre IgM or significant rise in IgM or IgG titres to outer membrane protein antigens of *N. meningitidis*.

**Date of last review** 20 March 2014

Mumps
Isolation of mumps virus,
OR
Detection of mumps virus by NAT,
OR
IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in paired serum titre,
OR
Demonstration of mumps specific IgM.

**Date of last review** 20 March 2014

Nontuberculous Mycobacterial infection
Isolation or detection by NAT of *M. ulcerans* from any site,
OR
Isolation or detection by NAT of other nontuberculous mycobacteria from any site other than sputum or urine,
OR
Isolation of any nontuberculous mycobacteria from multiple samples of sputum or urine,
OR
Detection of acid fast bacilli by histology.

**Date of last review** 20 March 2014

Pertussis
Isolation of *Bordetella pertussis*,
OR
Detection of *B. pertussis* by NAT,
OR
Seroconversion in paired sera for *B. pertussis* using whole cell or specific *B. pertussis* antigen(s) in the absence of recent pertussis vaccination,
OR
Significant change (increase or decrease) in antibody level (IgG, IgA) to *B. pertussis* whole cell or *B. pertussis* specific antigen(s),
OR
Single high IgG and or IgA titre to Pertussis toxin,
OR
Single high IgA titre to Whole Cell or specific *B. pertussis* antigens.

**Date of last review** 20 March 2014
### Plague

**Request for testing for plague is notifiable**

Isolation of *Yersinia pestis*,  
**OR**  
Demonstration of a fourfold or greater rise in *Y. pestis* antibody titre,  
**OR**  
Detection of *Y. pestis* by NAT.

**Date of last review** | 14 April 2014

### Pneumococcal disease (invasive)

Isolation of *Streptococcus pneumoniae* from a normally sterile site,  
**OR**  
Detection of *S. pneumoniae* from a normally sterile site by NAT.

**Date of last review** | 20 March 2014

### Poliomyelitis

**Request for poliomyelitis testing is notifiable**

*Note: all findings must be confirmed in the WHO Western Pacific Region Reference laboratory.*

Wild-type poliomyelitis:  
Isolation of wild-type virus,  
**OR**  
Detection of wild-type virus by NAT.

Vaccine-associated poliomyelitis:  
Isolation of Sabin-like poliovirus,  
**OR**  
Detection of Sabin-like poliovirus by NAT.

**Date of last review** | 20 March 2014

### Psittacosis

Fourfold or greater rise in antibody titre against *Chlamydia psittaci* (by MIF), collected 2 weeks apart,  
**OR**  
Detection of *C. psittaci* by NAT or culture,  
**OR**  
A single high total antibody level or detection of IgM antibody to *C. psittaci* by MIF,  
**OR**  
A single high total titre to *Chlamydia* species demonstrated by complement fixation (CF) in at least one sample obtained at least two weeks after onset of symptoms,  
**OR**  
A fourfold or greater rise in antibody titre against *Chlamydia* species as demonstrated by complement fixation methods.

**Date of last review** | 20 March 2014
### Q Fever

Isolation of *Coxiella burnetii* from a clinical specimen,  
OR  
Detection of *C. burnetii* by NAT,  
OR  
Seroconversion (significant increase), or fourfold or greater increase in antibody level to Phase II or Phase I antigens in paired sera,  
OR  
Detection of *C. burnetii* specific IgM,  
OR  
Demonstration or a raised serum complement fixation antibody titre (≥1/64) to phase II antigen of *C. burnetii*.  

**Date of last review**: 20 March 2014

### Rotavirus

Detection of rotavirus nucleic material by NAT,  
OR  
Detection of rotavirus antigen.  

**Date of last review**: 20 March 2014

### Rubella

Isolation of rubella virus,  
OR  
Detection of rubella virus by NAT.  
OR  
Demonstration of rubella-specific IgM antibody,  
OR  
IgG seroconversion or a significant increase in antibody level, or a fourfold or greater rise in titre in paired sera to rubella virus.  

**Date of last review**: 20 March 2014

### Salmonellosis

Isolation or detection of *Salmonella* species (excluding *S. typhi* and *S. paratyphi*) from any clinical specimen,  
OR  
Detection of *Salmonella* by NAT.  

**Date of last review**: 20 March 2014

### Shiga toxin-producing *Escherichia coli* (STEC) infection

Isolation of Shiga toxin-producing *Escherichia coli* from faeces,  
OR  
Identification of the gene/s associated with the production of Shiga toxin or Vero toxin in *E. coli* by NAT on isolate or fresh faeces.  

**Date of last review**: 14 April 2014
### Shigellosis

Isolation of *Shigella* species,  
OR  
Detection of *Shigella* species by NAT.  

**Date of last review**  
14 April 2014

### Smallpox

**Request for smallpox testing is notifiable**

Isolation of variola virus, confirmed at the Victorian Infectious Diseases Reference Laboratory (VIDRL),  
OR  
Detection of variola virus by NAT, confirmed at VIDRL,  
OR  
Detection of a poxvirus resembling variola virus by electron microscopy,  
OR  
Isolation of variola virus pending confirmation,  
OR  
Detection of variola virus by NAT pending confirmation.  

**Date of last review**  
20 March 2014

### Syphilis (CN) including congenital syphilis

Detection of *Treponema pallidum* by NAT,  
OR  
Reactive specific treponemal antibody tests,  
OR  
A reactive VIDRL test on CSF.  

**Date of last review**  
20 March 2014

### Tetanus

Isolation of *Clostridium tetani* from a wound in a compatible clinical setting and prevention of positive tetanospas in mouse test from such an isolate using specific tetanus antitoxin.  

**Date of last review**  
20 March 2014

### Tuberculosis

Isolation of *Mycobacterium tuberculosis* complex, including (*M. tuberculosis*, *M. africanum* or *M. bovis*) from a clinical specimen,  
OR  
Detection of tuberculosis complex by NAT,  
OR  
Detection of acid fast bacilli by histology,  
OR  
Histology consistent with active tuberculosis,  
OR  
Smear-positive for acid fast bacilli on a respiratory specimen or specimen from a normally sterile site.  

**Date of last review**  
20 March 2014
## Tularaemia

**Request for testing for tularaemia is notifiable**

Isolation and detection of *Francisella tularensis*,

**OR**

Isolation of a Gram-negative bacillus suggestive of *F. tularensis* whether or not the organism identity and pathogenicity have not yet been confirmed by a reference laboratory,

**OR**

Detection of *F. tularensis* by NAT.

**Date of last review** | 14 April 2014

## Typhoid / Paratyphoid

Isolation of *Salmonella Typhi* or *Salmonella Paratyphi* serotype A, B or C from any clinical specimen.

**Date of last review** | 20 March 2014

## Varicella

Isolation of varicella virus,

**OR**

Detection of varicella virus by NAT,

**OR**

Demonstration of varicella specific IgM, in the absence of recent vaccination.

**Date of last review** | 20 March 2014

## Viral haemorrhagic fevers (Crimean-Congo fever, Ebola virus disease, Lassa fever and Marburg virus disease)

**Request for testing for a viral haemorrhagic fever is notifiable**

Isolation of specific virus,

**OR**

Detection of specific virus by NAT, antigen detection assay or electron microscopy,

**OR**

IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre to specific virus,

**OR**

Detection of IgM antibody to one of the specific viruses.

**Date of last review** | 13 November 2014
# West Nile / Kunjin

<table>
<thead>
<tr>
<th>Details</th>
<th>Date of last review</th>
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</thead>
<tbody>
<tr>
<td>Isolation of the specified flavivirus,</td>
<td>20 March 2014</td>
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<tr>
<td>OR</td>
<td></td>
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<tr>
<td>Detection of specified flaviviral nucleic material by NAT,</td>
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<tr>
<td>OR</td>
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<tr>
<td>IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre in paired sera to specified flavivirus,</td>
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<tr>
<td>OR</td>
<td></td>
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<tr>
<td>Detection of specified flavivirus specific IgM antibodies.</td>
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</tbody>
</table>

# Yellow Fever

**Request for yellow fever testing is notifiable**

<table>
<thead>
<tr>
<th>Details</th>
<th>Date of last review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation of yellow fever virus,</td>
<td>20 March 2014</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Detection of yellow fever virus by NAT,</td>
<td></td>
</tr>
<tr>
<td>OR</td>
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<tr>
<td>IgG or IgM seroconversion or a fourfold or greater rise in titre in paired sera to yellow fever virus,</td>
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<tr>
<td>OR</td>
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<tr>
<td>Detection of yellow fever virus antigen in tissues by immunohistochemistry,</td>
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<tr>
<td>OR</td>
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<tr>
<td>Yellow fever virus-specific IgM detected.</td>
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</table>

# Yersiniosis

<table>
<thead>
<tr>
<th>Details</th>
<th>Date of last review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation of <em>Yersinia enterocolitica</em> or <em>Yersinia pseudotuberculosis</em>,</td>
<td>20 March 2014</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Detection of <em>Y. enterocolitica</em> or <em>Y. pseudotuberculosis</em> by NAT.</td>
<td></td>
</tr>
</tbody>
</table>

Note: currently the NAT is not distinguishing between pathogenic and non-pathogenic strains of *Y. enterocolitica*. With culture, this can be decided in a reference lab. This definition will be reviewed once cultures are phased out.