

Public Health Act 2005

Chapter 3 – Notifiable Conditions

Transcript of a video clip of Dr Linda Selvey on Notifiable Conditions under the Public Health Act 2005.

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Running Time: 4.11 minutes

The Chapter 3 Notifiable conditions has a number of provisions that are very similar to what's in the *Health Act 1937*. What I'll do is talk a bit about some of the things that are new. There are new categories of notifiable conditions and the one around which there has been some confusion is the provisional diagnosis category. Basically, there will be two categories for which notifications from clinicians is important; one is the clinical diagnosis and the other is a provisional diagnosis.

With the clinical diagnosis there are some conditions for which the diagnosis can only be made through a clinical decision, and that may involve a range of laboratory tests but there is no one definitive laboratory test. So for this, we rely on clinicians to notify us that an individual has that condition. With the provisional diagnosis notification, this is where there may or may not be a definitive laboratory test but the key thing here is that, we need to know very quickly that an individual may have such a condition. So we need to know when the clinician suspects that person has that condition before there has been either a definitive laboratory test or more clinical work up. And that's what we think of when we think of a provisional diagnosis condition. For example, with measles, we need to know when a clinician suspects the case has measles rather than when the laboratory test has confirmed it.

The Public Health Act also has some new powers particularly in relation to controlled notifiable conditions. Whereas in the *Health Act 1937* controlled notifiable conditions largely related to confidentiality of the information, under the new Public Health Bill the controlled notifiable conditions relates to specific powers. So for the condition to be a controlled notifiable condition, it must be a very serious condition, for which people may potentially give it to others just through their day-to-day activities.

And there are a few powers that are worthy of mention; that it is possible to require an individual to undertake a medical examination to determine presumably whether or not they're infectious and so on. There's requirements there's the potential to give a person certain behavioural orders that may require them to undergo counselling, to change their conduct or behaviour, to change where they visit or to undertake supervisory monitoring. And then there is the provision to issue detention orders against certain individuals whose behaviour is continuing to place others at risk. So these are very serious powers that can infringe on individual liberties, so they would only be undertaken when absolutely necessary.

Finally, I just wanted to mention the contact tracing provisions. Basically under the *Health Act 1937*, there is the ability to undertake contact tracing to protect others from acquiring notifiable conditions. What's different in the Public Health Bill is that, while currently we rely on individuals to tell us whether or not there are certain contacts, under the Public

Health Bill we can also contact businesses, or where, an individual may not know who's been in contact., if it's for example, a condition that is transmitted through the respiratory route, but the businesses can notify, can inform us of individuals who may be at risk, so that contact tracing can be undertaken. It is also important to note that voluntary contact tracing such as occurs through sexual health clinics, can continue to occur without needing to be appointed as contact tracing officers. So where the individual has given permission for contact tracing to occur, this can occur without needing the oversight of the Public Health Bill.