

Guideline for the management of interstate visitors diagnosed with a notifiable condition in Queensland



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An electronic version of this document is available at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/notifiable-conditions/list>

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Introduction

The CDNA National Notifiable Diseases Surveillance System (NNDSS) Cross-Border Notification Protocol¹ requires that cases of nationally notifiable diseases are reported to NNDSS by the jurisdiction of usual residence. However, a notifiable condition diagnosed in a jurisdiction other than that of usual residence may still require timely public health management in the jurisdiction of diagnosis.

This guideline describes the process by which Queensland public health units (PHUs) are advised of interstate visitors who may require timely public health follow-up in Queensland. This ensures that opportunities for important public health intervention are maximised, while enabling compliance with the requirements of the CDNA protocol¹.

The communicable diseases notifiable to Queensland Health are listed in the Public Health Regulation, 2018 (Queensland) schedules 1 and 2.² A table of diseases adapted from the regulation is included in Appendix 1.

Case notification process

Most notifications occur by electronic data transfer from diagnostic laboratories to the notifiable conditions register (NoCS). Data quality and management processes are used centrally to identify cases diagnosed in Queensland but who usually reside in another Australian state or territory. These cases are assigned to the public health unit nearest the treating clinician, for review and management.

It is important that the case record remains classified as 'unsure' in NoCS during the follow-up period, to prevent inclusion in Queensland disease surveillance reports or daily data submissions to NNDSS. The Communicable Diseases Branch (CDB) provides a preliminary cross-border notification to the jurisdiction of usual residence. Once public health follow-up is complete the NoCS record is reclassified to 'invalid' to ensure it is not counted as a Queensland case for surveillance purposes. The jurisdiction of residence is then provided with all available additional data regarding the case, in accordance with the CDNA protocol¹.

An algorithm outlining high-level process components is shown in Figure 1.

Flow chart

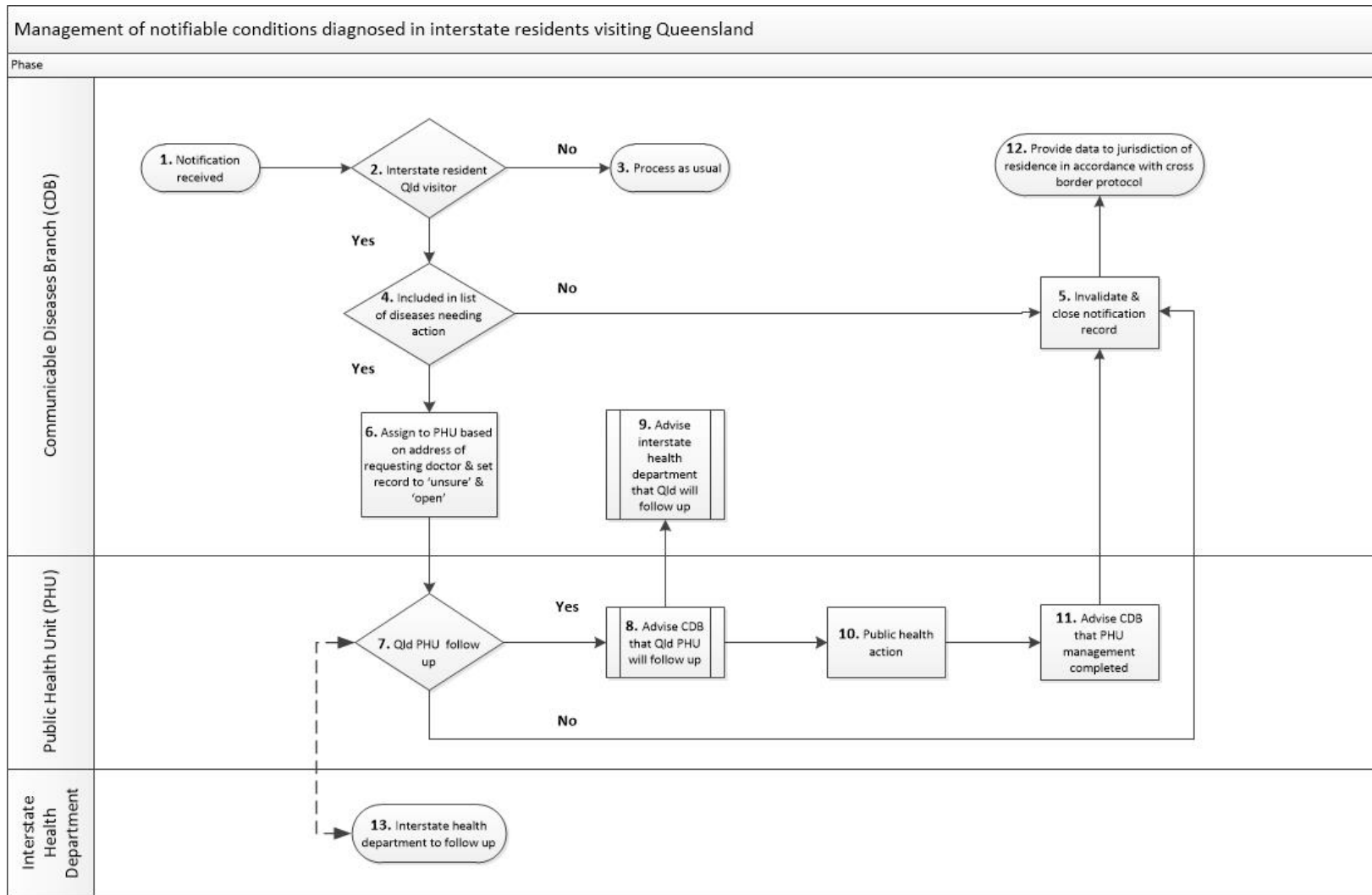


Figure 1: High level process chart for the management of interstate residents diagnosed with a notifiable condition in Queensland.

Explanatory notes

The following notes provide information about each of the numbered steps shown in Figure 1. The process applies to interstate visitors who have been resident in Queensland for less than three months.

1. A notification associated with a communicable disease is received by the CDB. In accordance with the Public Health Regulation 2018² this may be clinical, provisional, pathological test result or on pathological test request. The large majority of notifications are received by electronic transfer of results directly from laboratories but in some instances, and with all clinical notifications, data may be received by other means and require manual data entry.
2. The notification will contain information about usual place of residence.
3. If the address is in Queensland the notification will be processed in the usual way and assigned to the Public Health Unit (PHU) responsible for that location.
4. Appendix 1 lists the notifiable conditions which require follow-up.
5. If the condition isn't in the list of notifiable conditions which require follow-up CDB will 'invalidate' the notification as a Queensland case, close the record and inform the relevant interstate health department.
6. If the address is in another Australian state or territory the notification will be assigned to the PHU containing the location of the requesting/notifying clinician. The record must remain 'unsure' and 'open' during follow-up.
- 7, 8. The assigned PHU will assess whether follow-up should be undertaken and advise CDB accordingly
9. If follow-up will be undertaken CDB will advise the interstate health department and provide preliminary data in accordance with the CDNA protocol¹.
10. Follow-up will be completed by the assigned PHU.
11. PHU will advise CDB that public health management has been completed so CDB can invalidate the notification record as a Queensland case and close the record (step 5).
12. CDB will provide any additional data which have been collected during follow-up to the jurisdiction of usual residence.
13. Under certain circumstances a Queensland PHU may negotiate with an interstate PHU regarding the follow-up. Examples include where the case lives close to a state boundary or if the case has already returned to their place of usual residence.

References

1. Communicable Diseases Network of Australia (CDNA). National Notifiable Disease Surveillance System (NNDSS) Cross-Border Notification Protocol. 2019.
2. Public Health Regulation (Queensland), (2018).

Appendix 1: Notifiable conditions in Queensland

Condition*	Notification method(s)	Interstate visitors <3 months duration may require management in Queensland
Acute flaccid paralysis	Clinical	Yes (PHU)
Acute rheumatic fever	Clinical	Yes (PHU)
Acute viral hepatitis	Provisional	See individual viral hepatitis listings below
Adverse event following immunisation	Clinical	Yes (PHU)
Anthrax	Pathology request, pathological diagnosis,	Yes (PHU)
Arbovirus (mosquito borne) infections:	Pathological diagnosis	Yes (PHU) (except Ross River & Barmah Forest virus infections which are not usually followed-up by PHU)
Alphavirus infections including: <ul style="list-style-type: none"> • Barmah Forest • Getah • Ross River • Sindbis 		
Bunyavirus infections including: <ul style="list-style-type: none"> • Gan Gan • Mapputta • Termeil • Trubanaman 		
Flavivirus infections including: <ul style="list-style-type: none"> • Alfuy • Edge Hill • Kokobera • West Nile/kunjin • Stratford • Any other unspecified flaviviruses 		
Any other arbovirus infections (NB: chikungunya, dengue, yellow fever, Japanese encephalitis and Murray Valley encephalitis are listed separately).	Pathological diagnosis	Yes (PHU)

Condition*	Notification method(s)	Interstate visitors <3 months duration may require management in Queensland
Australian bat lyssavirus infection	Pathology request, pathological diagnosis	Yes (PHU)
Australian bat lyssavirus, potential exposure (bat bite, scratch or mucous membrane exposure)	Clinical	Yes (PHU)
Avian influenza	Pathology request, provisional, pathological diagnosis	Yes (PHU)
Botulism (NB Check schedule for different types of botulism)	Pathology request, pathological diagnosis,	Yes (PHU)
Brucellosis	Pathological diagnosis	Yes (PHU)
Campylobacteriosis	Pathological diagnosis	Sporadic cases not routinely followed-up by PHU
Chancroid	Pathological diagnosis	Not routinely followed-up by PHU
Chikungunya	Pathological diagnosis	Yes (PHU)
<i>Chlamydia trachomatis</i> infection (See schedule for different infections)	Pathological diagnosis	Not routinely followed up by PHU
Cholera	Pathological diagnosis	Yes (PHU)
Ciguatera poisoning	Clinical	Yes (PHU)
Coronaviruses <ul style="list-style-type: none"> • Middle East respiratory syndrome coronavirus (MERS-CoV) • Severe acute respiratory syndrome (SARS) 	Pathology request, provisional pathological diagnosis	Yes (PHU)
Creutzfeldt-Jakob disease	Provisional, pathological diagnosis	All suspected cases are routinely referred to Australian National CJD Register for investigation and diagnosis confirmation
Cryptosporidiosis	Pathological diagnosis	Sporadic cases not routinely followed-up by PHU
Dengue	Provisional, pathological diagnosis	Yes (PHU)
Diphtheria (other than toxigenic)	Provisional, pathological diagnosis	Yes (PHU)

Condition*	Notification method(s)	Interstate visitors <3 months duration may require management in Queensland
Diphtheria (toxigenic)	Provisional, pathological diagnosis	Yes (PHU)
Donovanosis	Pathological diagnosis	Not routinely followed-up by PHU
Food or water-borne illness in 2 or more cases	Clinical	Yes (PHU)
Food or water-borne illness in food handler	Clinical	Yes (PHU)
Gonococcal infection	Pathological diagnosis	Not routinely followed-up by PHU
Haemolytic uraemic syndrome (HUS)	Clinical, pathological diagnosis	Yes (PHU)
<i>Haemophilus influenzae</i> type b (invasive) disease	Provisional, pathological diagnosis	Yes NB PHU will receive preliminary advice pending typing confirmation
Hendra virus infection	Pathology request pathological diagnosis,	Yes (PHU)
Hepatitis A	Pathological diagnosis	Yes (PHU)
Hepatitis B (and D)	Pathological diagnosis	Yes (PHU): newly acquired only
Hepatitis C	Pathological diagnosis	Yes (CDB initially): newly acquired only
Hepatitis E	Pathological diagnosis	Yes (PHU)
Hepatitis (other)	Pathological diagnosis	Yes (PHU)
Human immunodeficiency virus infection (HIV)	Pathological diagnosis	Yes (HIV Public Health Team)
Influenza	Pathological diagnosis	Not routinely followed-up by PHU
Invasive group A streptococcal infection	Pathological diagnosis	Yes (PHU)
Japanese encephalitis virus infection	Pathology request, pathological diagnosis	Yes (PHU)
Lead exposure (notifiable) (blood lead level of 5 ug/dL (0.24 µmol/L) or more)	Pathological diagnosis	Yes (PHU)
Legionellosis	Pathological diagnosis	Yes (PHU)
Leprosy	Pathological diagnosis	Yes (Tuberculosis Control Unit)

Condition*	Notification method(s)	Interstate visitors <3 months duration may require management in Queensland
Leptospirosis	Pathological diagnosis	Yes (PHU)
Listeriosis	Pathological diagnosis	Yes (PHU)
Lyssavirus (unspecified)	Pathological diagnosis, pathology request	Yes (PHU)
Malaria	Pathological diagnosis	Yes (PHU)
Measles	Provisional, pathological diagnosis	Yes (PHU)
Melioidosis	Pathological diagnosis	Yes (PHU)
Meningococcal disease (invasive)	Provisional, pathological diagnosis	Yes (PHU)
Mumps	Pathological diagnosis	Yes (PHU)
Murray Valley encephalitis virus infection	Pathology request, pathological diagnosis	Yes (PHU)
<i>Mycobacterium ulcerans</i> infection	Pathological diagnosis	Yes (PHU)
Paratyphoid	Pathological diagnosis	Yes (PHU)
Pertussis	Clinical, pathological diagnosis	Yes (PHU)
Plague	Pathology request, pathological diagnosis	Yes (PHU)
Pneumococcal disease (invasive)	Pathological diagnosis	Yes (PHU)
Poliomyelitis	Pathology request, pathological diagnosis	Yes (PHU)
Psittacosis (ornithosis)	Pathological diagnosis	Yes (PHU)
Q fever	Pathological diagnosis	Yes (PHU)
Rabies	Pathology request, pathological diagnosis	Yes (PHU)
Rheumatic heart disease	Clinical	Managed by Rheumatic Heart Disease Register.
Rotavirus infection	Pathological diagnosis	Not routinely followed-up by PHU
Rubella, including congenital rubella	Pathological diagnosis	Yes (PHU)

Condition*	Notification method(s)	Interstate visitors <3 months duration may require management in Queensland
Salmonellosis	Pathological diagnosis	Not routinely followed-up by PHU
Shiga toxin and vero toxin producing <i>E. coli</i> infection STEC/VTEC	Pathological diagnosis	Yes (PHU)
Shigellosis	Pathological diagnosis	Yes (PHU)
Smallpox	Pathology request, provisional, pathological diagnosis	Yes (PHU)
Syphilis, including congenital syphilis	Pathological diagnosis	Yes (Queensland Syphilis Surveillance Service)
Tetanus	Clinical, pathological diagnosis	Yes (PHU)
Tuberculosis	Provisional, pathological diagnosis	Yes (Tuberculosis Control Unit)
Tularaemia	Pathology request, pathological diagnosis	Yes (PHU)
Typhoid	Pathological diagnosis	Yes (PHU)
Varicella-zoster virus infection (chickenpox, shingles or unspecified)	Pathological diagnosis	Not routinely followed-up by PHU
Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa fever and Marburg viruses)	Pathology request, provisional, pathological diagnosis	Yes (PHU)
Yellow fever	Pathology request, pathological diagnosis	Yes (PHU)
Yersiniosis	pathological diagnosis	Yes (PHU)
Zika virus	Provisional, pathological diagnosis	Yes (PHU)

*Adapted from the Public Health Regulation 2018²

Document approval details

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