

Proposed amendments to health portfolio legislation

Consultation Paper
August 2025

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Purpose

The purpose of this consultation paper is to seek stakeholder feedback on proposed amendments to the *Public Health Regulation 2018* and *Hospital and Health Boards Regulation 2023*.

Queensland Health acknowledges and thanks those stakeholders who have previously provided feedback on the issues outlined in this paper. This feedback has been taken into consideration during the development of the proposed amendments.

The consultation paper is for **consultation purposes only** and does not represent Queensland Government policy.

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the Explanatory Notes.

Please provide any feedback on the proposed amendments by email to legislationconsultation@health.qld.gov.au by **5pm, 12 September 2025**.

If you have any questions or require further information about possible changes, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

Terms used in this paper

Term	Definition
Communicable Diseases Network Australia	The Communicable Diseases Network Australia is a national public health advisory network coordinated by the Commonwealth Government's Department of Health, Disability and Ageing. It provides national leadership and coordination in the surveillance, prevention and control of communicable diseases across Australia.
National Notifiable Diseases List	The National Notifiable Diseases List, established under section 11 of the <i>National Health Security Act 2007</i> (Cth), contains a list of diseases that may cause a public health risk should an outbreak occur.
Notifiable Conditions Register	The Notifiable Conditions Register is used to record information about people who have, or may have, a notifiable condition that must be reported to Queensland Health. Queensland Health can use information reported to the register to help trace and assist people who may have been exposed to a notifiable condition to prevent the spread of the condition in the community.
Pathological diagnosis notifiable condition	A pathological diagnosis notifiable condition must be notified to Queensland Health when a pathological diagnosis of the condition is made.
Pathology request notifiable condition	A pathology request notifiable condition must be notified to Queensland Health when a laboratory receives a request for a pathological examination for the condition.
Public health units	<p>Public health units are specialised teams located within Hospital and Health Services that focus on:</p> <ul style="list-style-type: none"> • protecting health; • preventing disease, illness and injury; and • promoting health and wellbeing at a population or whole of community level. <p>Public health units receive and act on notifications for conditions listed on the Notifiable Conditions Register. Public health units conduct contact tracing, issue infection control advice and manage case investigations or outbreak responses.</p>

Overview of the Proposed Changes

It is proposed to make amendments to health portfolio legislation, specifically the:

- *Public Health Regulation 2018* to:
 - make 'hepatitis C' a pathology request notifiable condition to align with the updated Communicable Diseases Network Australia guidelines and make it easier to determine if a person's positive diagnosis is a first-time infection or a reinfection;
 - remove 'Japanese encephalitis' and 'Murray Valley encephalitis' as pathology request notifiable conditions to reflect contemporary public health practice.
- *Hospital and Health Boards Regulation 2023* to update the reference to the information sharing agreement between Queensland Health and Services Australia to allow for the identification of women eligible for BreastScreen Queensland's free breast screening service.

Details about the proposed amendments are provided below.

Changes to the *Public Health Regulation 2018*

Making hepatitis C a pathology request notifiable condition

It is proposed to amend the Public Health Regulation to prescribe hepatitis C (hep C) as a pathology request notifiable condition, making it easier for Queensland Health to determine if a person's positive hep C diagnosis is a first-time infection, or a reinfection.

Background

What is hepatitis C?

Hep C is a bloodborne infection affecting the liver causing both acute and chronic disease. Chronic hep C, if left untreated, can lead to long-term complications such as cirrhosis, liver failure and liver cancer. Hep C disproportionately affects groups that have historically been marginalised, including people who inject drugs, those incarcerated or with a history of incarceration, and First Nations peoples.

Due to the significant public health risks posed by hep C, it is prescribed in the Public Health Regulation as a notifiable condition, specifically a pathological diagnosis notifiable condition. This means Queensland Health must be notified when a laboratory makes a positive diagnosis of hep C following pathological testing.

Curative treatments are widely available and can prevent the occurrence of long-term complications and potentially slow or reverse the progression of existing liver disease caused by hep C. Both the Queensland and Commonwealth governments have committed to achieving the World Health Organisation's 2030 hep C elimination targets.¹

Notifiable conditions

The *Public Health Act 2005* establishes a regulatory framework that provides for the identification of notifiable conditions and mechanisms to prevent or minimise the adverse health impacts of these conditions. Notifiable conditions are those that pose a significant risk to public health, either due to their potential for spread, severity, or impact on vulnerable populations. The list of notifiable conditions and the circumstances in which they are notifiable (for example, provisional diagnosis, pathology request, positive diagnosis) are set out in schedule 1 of the Public Health Regulation.

Under the Public Health Act, doctors, persons in charge of a hospital and directors of pathology laboratories are required to notify Queensland Health through the notifiable conditions register when specified notifiable conditions criteria are met.

¹ World Health Organization – Elimination of hepatitis by 2030. Accessed here: www.who.int/health-topics/hepatitis/elimination-of-hepatitis-by-2030#tab=tab_1.

Issues

In January 2023, the Communicable Diseases Network Australia revised its case definition for hep C² to allow for the counting of reinfections. Counting hep C reinfections relies on complex criteria, including negative ribonucleic acid test (RNA test) results. Under Queensland's current notification requirements, only positive hep C test results are required to be notified.

Queensland cannot fully operationalise this revised national case definition as existing notification requirements do not always produce a diagnostic record for a person that is sufficiently complete for Queensland Health to accurately determine whether the person's positive diagnosis is a first-time infection or a reinfection.

Testing for hep C

Hep C is diagnosed using two tests. The first is a hep C serology (antibody) test. This test is used as a screening test and indicates whether a person has ever been exposed to hep C during their lifetime. If this test is negative, it means the person has never had hep C. If this test is positive, a follow up RNA test is needed to confirm whether the person still has hep C. A positive RNA result means the infection is current and treatment can be started. A negative RNA test means the virus has been cleared, either naturally or through previous treatment.

As hep C is a pathological diagnosis notifiable condition, Queensland Health must be notified of a positive hep C diagnosis following a positive antibody test and/or a positive RNA test.

Using current notification requirements, it may be unclear if the person has an active or cleared case of hep C, and whether an active case is new or a reinfection. This means it is difficult to accurately record reinfections for the purposes of national reporting requirements, in line with the national case definition. Incomplete recording also impacts on Queensland Health's ability to use notification data to identify individuals who may benefit from focussed support to engage in care and curative treatment, for example those with a chronic hep C infection.

Proposed amendments

It is proposed to amend schedule 1 of the Public Health Regulation to make hep C a pathology request notifiable condition, in addition to being a pathological diagnosis notifiable condition. This means the Queensland Health will also be notified when a laboratory receives a request to test for hep C, providing a more comprehensive view of data for Queensland Health.

This will enable Queensland Health to identify if a person was tested for hep C and using data matching, track whether there is a corresponding positive diagnosis. If there is no positive diagnosis notified, Queensland Health will be able to follow up to determine if the person has either never had hep C or previously had hep C and is now cleared of the condition. If a later pathological diagnosis notification is received, Queensland Health will be able to identify if this is a reinfection.

² Hepatitis C – Australian national notifiable diseases case definition. Accessed here: www.health.gov.au/sites/default/files/2023-01/hepatitis-c-newly-acquired-surveillance-case-definition_0.pdf.

Removing the requirement for Japanese encephalitis and Murray Valley encephalitis to be pathology request notifiable conditions

It is proposed to amend the Public Health Regulation to remove Japanese encephalitis (JE) and Murray Valley encephalitis (MVE) as pathology request notifiable conditions.

Background

What is Japanese encephalitis?

JE is a mosquito borne virus that transmits infection to humans through the bite of a mosquito infected with the Japanese encephalitis virus. Less than one percent of people infected with JE present with symptoms. Symptoms may include a fever and headache, or abdominal pain and vomiting in children. In severe cases, a person may develop acute encephalitis (inflammation of the brain). After being bitten by an infected mosquito, it usually takes 5 to 15 days for the first symptoms to appear.

Since February 2022, there have been detections of JE in mosquitos, in pigs (commercially produced and wild), and in humans across several Australian states and territories.

JE is preventable through vaccination. In Queensland, a JE vaccine is available and recommended for people residing in specific local government areas in which JE has been detected and for those with greater risk of exposure (that is, people who work at, live near or plan to visit a piggery, pig hunters, laboratory workers who may be exposed to the virus and people who may be required to work outdoors in at risk areas).³

What is Murray Valley encephalitis?

MVE is a disease caused by the MVE virus, spread to humans through the bite of an infected mosquito. Similar to JE, most people with MVE remain well, while others may develop a mild illness with fever. A small proportion of people infected develop encephalitis, which can be fatal, or for those that recover, may result in permanent neurological impacts.

Although MVE can occur all over Australia, it is most common in the north of the Northern Territory and north-west of Western Australia.⁴ MVE is considered uncommon in Queensland, as there have only been a small number of cases recorded.

³ Queensland Health – Japanese encephalitis. Accessed here: www.qld.gov.au/health/condition/infections-and-parasites/viral-infections/japanese-encephalitis.

⁴ Queensland Health – Murray Valley encephalitis. Accessed here: www.qld.gov.au/health/murray-valley-encephalitis.

Notifiable conditions

Under schedule 1 the Public Health Regulation, JE and MVE are prescribed as both pathology request notifiable conditions and pathological diagnosis notifiable conditions. This means laboratories are required to notify Queensland Health when they receive a request to test for JE and MVE, and on diagnosis. Therefore, Queensland Health is notified of suspected and confirmed cases. Also, JE and MVE are prescribed as notifiable conditions that require immediate notification on diagnosis, instead of the usual 48-hour notification period, due to the potential seriousness of the conditions.

JE and MVE are also nationally notifiable diseases under the National Notifiable Diseases List.⁵ Only confirmed and probable JE and MVE cases are required to be notified for national reporting purposes.

Issues

Queensland is the only jurisdiction that prescribes JE and MVE as pathology request notifiable conditions, going beyond the national minimum reporting requirements set by the Communicable Diseases Network Australia and the notification requirements in all other Australian jurisdictions.

There have been no changes to the notification requirements for JE and MVE since 2005, when the Public Health Regulation was initially made. However, in an operational environment, the standard practice for public health units is to only follow-up confirmed cases (pathological diagnosis notifications) of JE and MVE, not suspected cases (pathology request notifications).

Although some public health units may review pathology request notifications of JE and MVE, they only monitor suspected cases if they are aware the person is in hospital with encephalitis. However, even if the requirement for pathology request notification was removed, the immediate notification requirement means that public health units can take action as soon as the diagnosis for a suspected case is confirmed.

Proposed amendments

To reflect contemporary public health practice, it is proposed to amend schedule 1 of the Public Health Regulation to remove JE and MVE as pathology request notifiable conditions.

JE and MVE will remain pathological diagnosis notifiable conditions that are immediately notifiable on pathological diagnosis. This means Queensland Health will continue to receive the information necessary to monitor and understand the epidemiology and manage confirmed cases and potential outbreaks of JE and MVE.

The proposed amendments will streamline laboratory processes and optimise resources in public health units by only prompting a follow up if a laboratory confirms a case of JE or MVE. They will also align Queensland's notification requirements with other Australian jurisdictions, and with national best practice guidelines for both JE and MVE.

⁵ List of nationally notifiable diseases. Accessed here: www.health.gov.au/topics/communicable-diseases/nationally-notifiable-diseases/list.

Changes to the *Hospital and Health Boards Regulation 2023*

Information sharing with Services Australia

It is proposed to amend the *Hospital and Health Boards Regulation 2023* (HHB Regulation) to update the reference to the information sharing agreement between Queensland Health and Services Australia to allow for the identification of women eligible for BreastScreen Queensland's (BSQ's) free breast screening service.

Background

In 2019, Queensland Health entered into an agreement (2019 Agreement) with the Commonwealth Department of Human Services, now Services Australia. The 2019 Agreement is listed in schedule 8, part 1, section 10 of the HHB Regulation. As an agreement prescribed for information sharing with the Commonwealth, Queensland Health is able to access Services Australia's Medicare enrolment information for the purposes of identifying women in the target age group and inviting them to participate in the BSQ program.

A new agreement has been developed between Queensland Health and Services Australia (2025 Agreement). The 2025 Agreement is in the final stages of drafting and is expected to be signed in September 2025.

BreastScreen Queensland

The BSQ program is the state program of BreastScreen Australia. It provides free breast screening to women who are 40 and over.

For women, the risk of breast cancer increases greatly after the age of 50. As about 80 per cent of breast cancers occur in women over 50, breast screening is most effective for women aged 50 to 74.

If a woman has not had a breast screen with BSQ by age 50, the BSQ program sends an invitation to the woman to start screening.

BSQ has performed more than 5 million breast screens since the program began in 1991 and detected more than 25 000 breast cancers. Since 1991, deaths from breast cancer for women aged 50 to 74 have fallen from 68 out of every 100 000 women each year to less than 45 out of every 100 000 women each year.⁶

Issues

The 2019 Agreement does not provide for the disclosure of telephone numbers or email addresses by Services Australia to Queensland Health. Instead, it only provides for the disclosure of name, date of birth and postal and residential addresses. As such, most invitations are sent by post.

⁶ BreastScreen Queensland – Breast cancer and breast screening. Accessed here: www.breastscreen.qld.gov.au/should-i-screen/breast-cancer-and-breast-screening.

Once it is finalised, the 2025 Agreement is expected to allow for the sharing of additional contact information for eligible women, such as telephone numbers and email addresses. It will also reflect the Commonwealth department's name change from the Commonwealth Department of Human Services to Services Australia.

The additional contact information will enable Queensland Health to contact eligible women by SMS, telephone and email. Recent trials have demonstrated this to be a more effective means of communication for increasing participation in the BSQ program.

Modernising how eligible women are contacted to participate in the BSQ program is anticipated to improve screening participation rates. This change will be a positive step forward for the BSQ program and for women's health.

Proposed amendments

It is proposed to amend schedule 8, part 1 of the HHB Regulation to replace the reference to the 2019 Agreement with a reference to the 2025 Agreement. The proposed amendment is required to give the 2025 Agreement effect.⁷

⁷ *Hospital and Health Boards Act 2011*, s151(1)(a)(i).