

Queensland Notification Criteria

Guidelines for Laboratories

Revised November 2016

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.

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Glossary of abbreviations

Abbreviation	Full term
CDNA	Communicable Diseases Network of Australia
CF	Complement fixation
CSF	Cerebrospinal fluid
EIA	Enzyme immunoassay
ELISA	Enzyme-linked immunosorbent assay
IFA	Immunofluorescence assay
IgA	Immunoglobulin A
IgG	Immunoglobulin G
IgM	Immunoglobulin M
MAT	Microscopic agglutination test
MIA	Microsphere immunoassay
MIF	Migration inhibitory factor
NAT	Nucleic acid testing
SNT	Serum neutralisation test
SoNG	Series of National Guidelines
VIDRL	Victorian Infectious Diseases Reference Laboratory

Alphavirus infections (getah, 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.

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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.

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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,

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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,

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Barmah Forest virus infection

Isolation of Barmah Forest virus,

OR

Detection of Barmah Forest virus nucleic material by NAT,

OR

IgG seroconversion or a significant increase in IgG antibody level (e.g. fourfold or greater rise in titre) to Barmah Forest virus,

OR

Detection of Barmah Forest virus IgM AND Barmah Forest virus IgG in the same specimen EXCEPT if Barmah Forest IgG is known to have been detected in a specimen collected greater than 3 months earlier

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Botulism

Request for botulism testing is notifiable

Isolation of *Clostridium botulinum*,

OR

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

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Brucellosis

Isolation of *Brucella* species,

OR

IgG seroconversion or a significant increase in IgG antibody level (e.g. fourfold or greater rise) to *Brucella*

OR

Detection of *Brucella* species by NAT,

OR

A single high *Brucella* agglutination titre.

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Bunyavirus infections (gangan, mapputta virus, termeil, 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.

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Campylobacteriosis

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

OR

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

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Chancroid

Isolation of *Haemophilus ducreyi*,

OR

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

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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.

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Chlamydia trachomatis infections (excluding Lymphogranuloma venereum)

Isolation of *Chlamydia trachomatis*,

OR

Detection of *Chlamydia trachomatis* by NAT,

OR

Detection of *Chlamydia trachomatis* antigen.

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Cholera

Isolation of *Vibrio cholerae* subgroup 01 or 0139,

OR

Detection of Cholera toxin genes by NAT.

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Coronavirus (Highly Pathogenic) - Middle East Respiratory Syndrome (MERS-CoV) 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 (*serology not performed in Queensland*)

OR

Isolation of MERS/SARS-CoV AND detection of MERS/SARS-CoV by NAT using a validated method (*isolation not performed in Queensland*)

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Creutzfeldt-Jakob Disease

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.

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Cryptosporidiosis

Detection of *Cryptosporidium* oocysts in a faecal sample,

OR

Detection of *Cryptosporidium* specific antigen,

OR

Detection of *Cryptosporidium* by NAT.

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Dengue

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.

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Diphtheria

Isolation of *Corynebacterium diphtheriae* possessing the toxin gene or *C. ulcerans* possessing the toxin gene confirmed by NAT,

OR

Isolation of *Corynebacterium diphtheriae* or *C. ulcerans* (toxin production unknown).

Date of last review	14 April 2014
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Donovanosis (granuloma inguinale)

Detection of *Klebsiella granulomatis* by NAT of a specimen taken from a lesion,

OR

Demonstration of intracellular Donovan bodies on smears or biopsy specimens taken from a lesion.

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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.

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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	7 July 2016
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Gonococcal infection

Isolation of *Neisseria gonorrhoeae*,

OR

Detection of *Neisseria gonorrhoeae* by NAT.

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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
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Hendra virus infection

Request for Hendra virus 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.

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Hepatitis A

Detection of hepatitis A virus by NAT,

OR

Detection of hepatitis A-specific IgM.

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Hepatitis B

Detection of hepatitis B surface antigen (HBsAg),

OR

Detection of hepatitis B virus by nucleic acid testing,

OR

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	7 July 2016
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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.

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Hepatitis D

Detection of IgM or IgG antibodies to hepatitis D virus,

OR

Detection of hepatitis D virus on liver biopsy.

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Hepatitis E

Detection of hepatitis E virus nucleic acid in blood or tissue specimens,

OR

Isolation of hepatitis E virus in cell culture, with confirmation by a nucleic acid detection test,

OR

Seroconversion of IgG or total antibody titres against hepatitis E virus,

OR

A four-fold or greater rise in IgG or total antibody titres against hepatitis E virus during or after a compatible clinical illness,

OR

Detection of IgM directed against hepatitis E virus in a single specimen.

Date of last review	19 November 2015
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Human immunodeficiency virus (HIV) infection

Detection of HIV by NAT,

OR

Detection of HIV by Western Blot testing,

OR

Detection of HIV p24 antigen, with neutralisation,

OR

Isolation of HIV.

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Influenza

Isolation of influenza virus by culture from an appropriate respiratory tract specimen,

OR

Detection of influenza virus by NAT from an appropriate respiratory tract specimen,

OR

Detection of influenza antigen from an appropriate respiratory tract specimen,

OR

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

OR

Single high titre IgA to influenza virus.

Date of last review	21 May 2015
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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.

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Japanese encephalitis

Request for Japanese encephalitis testing is notifiable

Isolation of the specified flavivirus,

OR

Detection of specified flavivirus nucleic material by NAT,

OR

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

OR

Detection of specified flavivirus specific IgM antibodies.

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Lead exposure

Demonstration of a blood lead level of 5µg/dL (0.24µmol/L) or more in any person.

Date of last review	19 November 2015
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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.

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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.

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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.

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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.

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Lymphogranuloma venereum

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

OR

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

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Lyssaviruses (including Australian Bat lyssavirus (ABLV), lyssavirus unspecified, and rabies).

Request for lyssavirus testing is notifiable.

Isolation of lyssavirus (including ABLV and rabies) confirmed by sequence analysis

OR

Detection of lyssavirus (including ABLV and rabies) by NAT

OR

IgG seroconversion or a fourfold or greater rise in titre in paired sera to lyssavirus (including ABLV and rabies)

OR

Detection of lyssavirus (including ABLV and rabies) specific IgM

OR

Demonstration of rabies-specific antibody in CSF

OR

Positive fluorescent antibody test result for lyssaviral antigen

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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.

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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.

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Melioidosis

Isolation of *Burkholderia pseudomallei* from any site,

OR

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

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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*.

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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.

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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.

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Paratyphoid

Isolation or detection of *Salmonella* Paratyphi A, B (excluding *S. Paratyphi* B biovar Java) or C.

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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.

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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.

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Pneumococcal disease (invasive)

Isolation of *Streptococcus pneumoniae* from a normally sterile site,

OR

Detection of *S. pneumoniae* from a normally sterile site by NAT.

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Poliovirus infection

Request for poliomyelitis virus 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.

NB FSS may perform enterovirus NAT +/- sequencing but all requests for polio virus testing are referred directly to the National Enterovirus Reference Laboratory

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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 CF.

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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 of a raised serum complement fixation antibody titre ($\geq 1/64$) to phase II antigen of *C. burnetii*.

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Ross River virus infection

Isolation of Ross River virus,

OR

Detection of Ross River virus nucleic material by NAT,

OR

IgG seroconversion or a significant increase in IgG antibody level (e.g. fourfold or greater rise in titre) to Ross River virus,

OR

Detection of Ross River virus IgM AND Ross River virus IgG in the same specimen EXCEPT if Ross River IgG is known to have been detected in a specimen collected greater than 3 months earlier

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Rotavirus

Detection of rotavirus nucleic material by NAT,

OR

Detection of rotavirus antigen.

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Rubella (including congenital rubella infection)

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.

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Salmonellosis

Isolation or detection of *Salmonella* species (excluding *S. Typhi* and *S. Paratyphi*) from any clinical specimen,

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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.

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Shigellosis

Isolation of *Shigella* species,

OR

Detection of *Shigella* species by NAT.

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Smallpox

Request for smallpox virus 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.

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Syphilis (including congenital syphilis)

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

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Tetanus

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

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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.

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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.

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Typhoid / Paratyphoid

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

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Varicella

Isolation of varicella virus,

OR

Detection of varicella virus by NAT,

OR

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

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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.

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West Nile / Kunjin

Isolation of the specified flavivirus,

OR

Detection of specified flaviviral nucleic material by NAT,

OR

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

OR

Detection of specified flavivirus specific IgM antibodies.

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Yellow Fever

Request for yellow fever testing is notifiable

Isolation of yellow fever virus,

OR

Detection of yellow fever virus by NAT,

OR

IgG or IgM seroconversion or a fourfold or greater rise in titre in paired sera to yellow fever virus,

OR

Detection of yellow fever virus antigen in tissues by immunohistochemistry,

OR

Yellow fever virus-specific IgM detected.

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Yersiniosis

Isolation of *Yersinia enterocolitica* or *Yersinia pseudotuberculosis*,

OR

Detection of *Y. enterocolitica* or *Y. pseudotuberculosis* by NAT.

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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.

Zika virus infection

Isolation ZIKV virus,

OR

Detection of ZIKV by NAT,

OR

IgG seroconversion or a significant increase in antibody level or a fourfold or greater rise in titre of ZIKV-specific IgG, and a recent infection by dengue or other epidemiologically possible flavivirus has been excluded;

OR

Detection of ZIKV-specific IgM in cerebrospinal fluid, in the absence of IgM to other possible flaviviruses

OR

Detection of ZIKV-specific IgM in the absence of IgM to other epidemiologically possible flaviviruses or flavivirus vaccination in the 3 weeks prior to testing

NB

- If the date of most recent exposure was greater than 4 weeks before the specimen date, then ZIKV-specific IgG must also be positive.
- If ZIKV-specific IgG was initially negative and subsequent testing greater than 4 weeks after exposure fails to demonstrate seroconversion the case should be rejected

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