

Editorial: Notifiable diseases, Australia, 2004

CDNA Surveillance Case Definitions Working Group

Revised case definitions for nationally notifiable diseases

A working group of CDNA was convened in 2001 to revise or develop standard case definitions for all nationally notifiable diseases for reporting to the Commonwealth. The new case definitions will be implemented nationally from January 2004. The Surveillance Case Definitions have been developed through a consensus approach in a series of teleconferences undertaken progressively over the last two years. The Working Group comprised members representing all State and Territory jurisdictions, the Commonwealth Department of Health and Ageing, the Public Health Laboratory Network (PHLN), OzFoodNet, the National Centre in HIV Epidemiology and Clinical Research (NCHECR), and the National Centre for Immunisation Research and Surveillance. Laboratory definitions previously developed by the PHLN formed the basis for the Surveillance Case Definitions, with clinical and epidemiologic elements added, as appropriate.

In the revised Surveillance Case Definitions, clinical, laboratory and epidemiological evidence is specified separately for each definition, where relevant, to provide a consistent format. A number of diseases are now notified as either 'confirmed' or 'probable' according to the certainty of the diagnosis. Descriptions for both confirmed and probable cases are provided within relevant case definitions.

In November 2002, CDNA decided to add a further two new diseases to the national list: tularemia, and smallpox. There are now 64 diseases or syndromes that are nationally notifiable. The disease code for each disease or syndrome reported to the National Notifiable Diseases Surveillance System (NNDSS) is provided in the Table 1. During the process of formulating case definitions the names of some listed diseases or syndromes were modified, to more accurately reflect cases collected in the category.

The disease list includes HIV and AIDS, which are not reported via NNDSS, but are sent directly to NCHECR from state and territory health departments.

In the new list, syphilis (formerly disease code 032) has been segregated into two new categories. Two new disease codes have been assigned:

- 'Syphilis — infectious (primary, secondary and early latent), less than 2 years duration' (code 066) and;
- 'Syphilis — more than 2 years or unknown duration' (code 067).

Cases of HIV reported to the NCHECR are categorised as either:

- HIV — newly acquired;
- HIV — unspecified — individuals 18 months of age or older; or
- HIV — unspecified — children less than 18 months of age

Implementation

While acknowledging that public health legislation in individual jurisdictions may have to be revised to cover the collection of the new diseases added to the list, the new case definitions will be implemented for all diseases from 1 January 2004, for reporting to the Commonwealth. Details of the interim case definitions are available from the Communicable Diseases Australia website: <http://www.cda.gov.au/surveil/nndss/casedefs.htm>.

Other notifiable conditions

In addition to the diseases that are reported to NNDSS at the Department of Health and Ageing, each jurisdiction may have other diseases/syndromes/conditions that are required by public health legislation to be notified to the state or territory health department. Diseases, syndromes and conditions that are notifiable in each state or territory, in addition to the national list, are listed in Table 2.

Table 1. List of nationally notifiable diseases, Australia, 2004

Number	Disease/syndrome name	Disease code
1	Acquired immunodeficiency syndrome (AIDS)	Sent to NCHECR
2	Anthrax	058
3	Ross River virus	002
4	Barmah Forest virus	048
5	Dengue	003
6	Japanese encephalitis	059
7	Kunjin virus	060
8	Murray Valley encephalitis	049
9	Flavivirus infection — unspecified or not otherwise classified	001
10	Botulism	045
11	Brucellosis	004
12	Campylobacteriosis	005
13	Chlamydia	007
14	Cholera	008
15	Cryptosporidiosis	061
16	Diphtheria [†]	009
17	Donovanosis [†]	010
18	Gonococcal infection	011
19	Haemolytic uraemic syndrome	055
20	<i>Haemophilus influenzae</i> serotype B (Hib) infection (invasive)	012
21	Viral haemorrhagic fevers [†]	036
22	Hepatitis A [†]	038
23	Hepatitis B — newly acquired	039
24	Hepatitis B — unspecified	052
25	Hepatitis C — newly acquired	040
26	Hepatitis C — unspecified	053
27	Hepatitis D	050
28	Hepatitis E	051
29	Viral hepatitis (not otherwise specified)	037
30	HIV — newly acquired [†]	Sent to NCHECR
31	HIV — unspecified — individuals 18 months of age or older [†]	Sent to NCHECR
32	HIV — unspecified — children less than 18 months of age [†]	Sent to NCHECR
33	Influenza — laboratory-confirmed	062
34	Legionellosis [†]	015
35	Leprosy (Hansen's disease)	016
36	Leptospirosis	017
37	Listeriosis	018
38	Lyssavirus — Australian bat lyssavirus (ABL)	063
39	Lyssavirus — rabies	028
40	Lyssavirus — unspecified	064
41	Malaria	020
42	Measles [†]	021
43	Invasive meningococcal disease [†]	022
44	Mumps	043
45	Psittacosis (ornithosis) [†]	023
46	Pertussis [†]	024
47	Plague	025
48	Poliomyelitis (wild type and vaccine associated) [†]	026

Table 1. List of nationally notifiable diseases, Australia, 2004, continued

Number	Disease/syndrome name	Disease code
49	Pneumococcal disease (invasive)	065
50	Q fever	027
51	Rubella [†]	029
52	Congenital rubella syndrome [†]	046
53	Salmonellosis	030
54	Shigellosis	031
55	Shiga-toxin producing <i>Escherichia coli</i> — VTEC/STEC	054
56	Syphilis — infectious (primary, secondary and early latent), less than 2 years duration	066
57	Syphilis — more than 2 years or unknown duration	067
58	Congenital syphilis [†]	047
59	Tetanus	033
60	Tuberculosis	034
61	Typhoid	035
62	Yellow fever	041
64	Smallpox	069
65	Tularemia	070

* Reported to NNDSS via ANCJDR, or State or Territory health departments

† Probable and confirmed cases defined

Disease codes in bold indicate a new code number

Table 2. Additional conditions required to be notified in each state or territory

Australian Capital Territory
Chancroid
Equine morbillivirus (Hendra virus) infection
Giardiasis
Lymphogranuloma venereum
Yersiniosis
New South Wales
Adverse event following immunisation
Chancroid
Foodborne illness in 2 or more related cases
Gastroenteritis among people of any age, in an institution (e.g. among persons in educational or residential institutions)
Lymphogranuloma venereum
Typhus (epidemic)
Northern Territory
Acute post-streptococcal glomerulonephritis
Acute rheumatic fever
Adverse event following immunisation
Amoebiasis
Atypical mycobacterial disease or non-tuberculous mycobacteria (NTM)
Chancroid
Chlamydial conjunctivitis
Echinococcosis (hydatid disease)
Gastroenteritis (with potential for outbreak): water or foodborne diseases in:
- two or more related cases
- in an institution
- in a foodhandler

Table 2. Additional conditions required to be notified in each State or Territory, *continued*

Northern Territory , <i>continued</i>
Human T-cell lymphotropic virus
Lymphogranuloma venereum
Melioidosis
Rotavirus infection
Thrombotic thrombocytopenia purpura
Trichomoniasis
Typhus (all forms)
Vibrio food poisoning
Yersiniosis
Queensland
Acute flaccid paralysis
Acute rheumatic fever
Adverse event following immunisation
Atypical mycobacterial disease
Bunyavirus infections (not included in arbovirus NEC)
Chancroid
Ciguatera poisoning
Cryptococcus
Echinococcosis (hydatid disease)
Elevated lead levels
Equine morbillivirus (Hendra virus) infection
Foodborne or waterborne disease in 2 or more related cases
Hendra virus infection
Lymphogranuloma venereum
Melioidosis
Yersiniosis
South Australia (<i>Available at http://www.dhs.sa.gov.au/pehs/topics/topic-notifiable-diseases.htm</i>)
Atypical mycobacterial disease
Echinococcosis (hydatid disease)
Varicella-zoster infection (chickenpox and shingles)
Yersiniosis
Tasmania (<i>Available at http://www.dhhs.tas.gov.au/publichealth/communicablediseases/</i>)
Amoebiasis
Chancroid
Echinococcosis (hydatid disease)
Elevated lead levels
Gastroenteritis in an institution i.e. residential, educational or child care facility
Giardiasis
Lymphogranuloma venereum
Mycobacterial infection (including atypical <i>Mycobacterium</i> spp.)
Rickettsial infection (including Flinders Island spotted fever and others)
Suspected cases of food and waterborne illnesses
Taeniasis
Typhus epidemic (<i>Rickettsia prowazekii</i>)
Vancomycin resistant enterococci
Vibrio infection
Yersiniosis

Table 2. Additional conditions required to be notified in each State or Territory, *continued*

Victoria
Food and waterborne illness in two or more related cases
Giardiasis
Western Australia
Adverse events following immunisation
Amoebiasis
Amoebic meningitis
Chancroid
Echinococcosis (hydatid disease)
Giardiasis
Melioidosis
Methicillin-resistant <i>Staphylococcus aureus</i> infection
Paratyphoid fever
Relapsing fever
Scarlet fever
Schistosomiasis (Bilharzia)
Typhus (Rickettsial infection)
Vibrio parahaemolyticus
Yersiniosis

Acknowledgments

The revision of the case definitions commenced in early 2001. The Surveillance Case Definitions working group was chaired by Robert Hall until August 2002, after which Gary Dowse took the lead. During this time contributors included:

Charles Guest, Louise Carter (Australian Capital Territory),
 Jeremy McAnulty, Valerie Delpech, Kerry Todd (New South Wales);
 Vicki Krause, Peter Markey (Northern Territory);
 Linda Selvey, Robyn Pugh (Queensland);
 Rob Hall, Rod Givney (South Australia);
 Avner Misrachi, David Coleman (Tasmania);
 Graham Tallis, Kerry Ann O'Grady, Sean Tobin (Victoria);
 Gary Dowse (Western Australia);
 Martyn Kirk (OzFoodNet);
 John Kaldor, Anne McDonald (National Centre in HIV Epidemiology and Clinical Research);
 Heather Gidding (National Centre for Immunisation Research and Surveillance);
 David Smith, Dominic Dwyer, Mike Catton (Public Health Laboratory Network); and
 Moira McKinnon, Jenean Spencer (Department of Health and Ageing)

The National Arbovirus Advisory Committee, the National Tuberculosis Advisory Committee, the STI Surveillance Committee and the Viral Hepatitis Surveillance Committee also provided valuable contributions. Laboratory case definitions were based on those developed by the Public Health Laboratory Network. Dr Sue Skull is acknowledged for her work collating State and Territory case definitions.

Peter Lindenmayer played a vital role in the planning and co-ordination of this complex process. Thanks also go to others in the CDNA secretariat, including Robyn Leader, Andrea Symons and Jane Tussup.