MATERNITY UNIT
GUIDELINE:

INFECTIOUS DISEASE REPORTING - RESPONSIBILITY OF MIDWIVES, LMCS, NURSES AND OBSTETRICIANS

AUTHOR:
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SCOPE:
All midwives, LMCs and obstetricians working

PURPOSE:
To inform all health professionals on the process of reporting infectious disease as required by the revised Health Act 2017.

DEFINITIONS:

GUIDELINE:
Notification continues to be required for notifiable infectious diseases (see Appendix 1). It is now the responsibility for any health professional requesting a test to notify, not just medical officers. While the health professional is required to inform Public Health of laboratory confirmed cases, the laboratories are also required to notify Public Health. If Public Health are notified by the laboratory first, they will contact the test requestor to check whether the woman knows before making any contact with the woman. As before, the requestor is responsible for informing the woman of the diagnosis.

Where the health professional suspects on clinical grounds that the woman has a notifiable disease you are also required to let Public Health know.

The preferred method of notification is by e-mail to health.protection@tdh.org.nz with the woman’s NHI and disease, no names to be included in the email. For urgent notifications, for example, meningococcal disease, please call the Health Protection Officer on-call through the hospital switchboard (869 0500). Alternatively, you can speak to the on-call MOH (021 977 675) at any time to discuss a case.

A significant change to the Act in 2017 is that specific Sexually Transmitted Infections(STI’s), HIV, AIDS, gonorrhoea and syphilis, are now notifiable on an anonymous basis (Section C of APPENDIX 1). The laboratory will notify through the electronic system, however, there is additional information required from the health professional. This is listed in APPENDIX 2 - HIV, AIDS, Gonorrhoea or Syphilis notification and will need to be completed as part of a notification of the STI.

If a Medical Officer of Health considers that additional actions are required to respond effectively to a public health risk (e.g. a cluster or an outbreak) she/he may then request more details from the health practitioner.
ASSOCIATED DOCUMENTS:
Hauora Tairāwhiti - Organisational Policy - NOTIFIABLE DISEASES 2014

REFERENCES:
Section 74 of the Health Act 1956 – accessible via:

Guidance on infectious disease and management – accessible via

EVALUATION: Auditable
APPENDIX 1

Notifiable Infectious Diseases

Acute gastroenteritis (only if part of an outbreak)
Anthrax
Arboviral diseases
Brucellosis
Campylobacteriosis
Cholera
Creutzfeldt Jakob Disease and other spongiform encephalopathies
Cronobacter species
Cryptosporidiosis
Diphtheria
Giardiasis
Haemophilus influenzae b
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis (viral) not otherwise specified
Highly Pathogenic Avian Influenza (including H5N1)
Hydatid disease
Invasive pneumococcal disease
Legionellosis
Leprosy
Leptospirosis
Listeriosis
Malaria
Measles
Meningoencephalitis—primary amoebic
Middle East Respiratory Syndrome
Mumps
Neisseria meningitidis invasive disease
Non-seasonal influenza (capable of being transmitted between human beings)
Pertussis
Plague
Poliomyelitis
Q fever
Rabies and other lyssaviruses
Rheumatic fever
Rickettsial diseases
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome
Shigellosis
Tetanus
Tuberculosis
Typhoid and paratyphoid fever
Verotoxin-producing or shiga toxin-producing Escherichia coli
Viral haemorrhagic fevers
Yellow fever
Yersiniosis

Section C  Infectious diseases notifiable to medical officer of health without identifying information of patient or deceased person (midwives and nurses now accountable for this too, not just doctors).

Acquired Immunodeficiency Syndrome
Gonorrhoeal infection
Human Immunodeficiency Virus (HIV) infection
Syphilis

APPENDIX 2

Health Practitioner notice of notifiable disease (non-identified basis) - (Health Act 1956)

Details required:
Patient details:
First two letters of surname and the first letter of the first name
NHI
DHB district of usual address
Date of birth
Date of death (if applicable)
Sex
Ethnicity (if known)
Nature of work or education (if known)
Recent travel history (if known)
Details of disease
Disease of suspected disease being notified
Date of onset of illness (approximately)
Laboratory test done or ordered
Result of laboratory tests
If the disease or suspected disease is HIV or AIDS, whether or not there is laboratory evidence of newly acquired HIV (if known)
If the disease or suspected disease is HIV or AIDS, or syphilis, the date and place of last negative laboratory test (if known)
Has the patient been hospitalised? yes/no
If the patient has been hospitalised, the name of the hospital and the date of admission
If the disease or suspected disease is HIV or AIDS, or syphilis, has the patient been referred to specialist care? Yes/no

Any other information relevant to the risk of the patient having or transmitting the disease (for example, vaccine history, sexual behaviour or activity, or sex of partner or partners, if known)