Effective 18 January 2016

Guidelines for Notifying Diseases and Food Contaminants

Containing legal requirements for:
- medical practitioners
- laboratories
- hospitals
- residential, educational, healthcare and childcare facilities
- certain people in possession of laboratory test results (for food)
Issuing Statement and Commencement Date

I, Dr Mark Veitch, being and as the Acting Director of Public Health, acting pursuant to a direction under section 21A of the Acts Interpretation Act 1931, and the Public Health Act 1997 (the Act):

1. revoke, effective 18 January 2016, previously issued guidelines under the Act relating to the notification of diseases, human pathogenic organisms and contaminants;

2. issue these Guidelines, being the Guidelines for Notifying Diseases and Food Contaminants; and

3. determine that these Guidelines come into effect on and from 18 January 2016.

Signed,

Dr Mark Veitch
A/Director of Public Health

24 December 2015
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INTRODUCTION

What the Guidelines are about

(a) These Guidelines set out requirements for notifying the Director of Public Health about certain diseases and food contaminants. They also contain requirements for notifying cancer to the Tasmanian Cancer Registry.

(b) The requirements in the Guidelines are legal obligations and a failure to follow them may attract penalties under the Public Health Act 1997 (see sections 143 and 184).

(c) Notification requirements also exist in relation to drinking water – these are in the Tasmanian Drinking Water Quality Guidelines issued by the Director (available at www.dhhs.tas.gov.au/publichealth).

Who the Guidelines apply to

(d) The Guidelines have 3 divisions that each apply to particular persons:

Division 1 – notifying certain diseases (other than cancer). This division applies to the superintendent of a laboratory, to medical practitioners, and to the superintendent and senior health professional responsible for care in a residential, educational, healthcare or childcare facility.

Division 2 – notifying cancer. This division applies to the superintendent of a laboratory and to the superintendent of a hospital.

Division 3 – notifying certain contaminants in food. This division applies to laboratories and people who receive test results from a laboratory outside Tasmania.
**Definitions - general**

(e) A word or phrase used in these Guidelines and defined in the Act has the meaning given to it in the Act. At the time of issuing the Guidelines, such words or phrases include:

<table>
<thead>
<tr>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act</td>
</tr>
<tr>
<td>Agency</td>
</tr>
<tr>
<td>Director</td>
</tr>
<tr>
<td>laboratory</td>
</tr>
<tr>
<td>public authority</td>
</tr>
<tr>
<td>public health</td>
</tr>
<tr>
<td>public notice</td>
</tr>
<tr>
<td>threat to public health</td>
</tr>
</tbody>
</table>

(f) Other words and phrases are defined at the beginning of each division of the Guidelines.
Introduction

(a) Under section 40 of the Act, the Director has issued a public notice declaring certain diseases to be notifiable diseases. This means they must be notified to the Director. Pursuant to section 46 of the Act, this Division sets out:

- who must notify the Director of a notifiable disease
- when to notify
- how to notify
- what information to notify.

(b) Section 184(5) of the Act imposes a penalty for failure to comply with the Guidelines.

(c) This division is set out as follows:

- Part 1 – applies to laboratories
- Part 2 – applies to medical practitioners
- Part 3 – applies to the superintendent and senior health professional responsible for care in a residential, educational, healthcare or childcare facility.
### Definitions for Division 1

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act</td>
<td>means the Public Health Act 1997</td>
</tr>
<tr>
<td>excepted laboratory</td>
<td>means a laboratory the Director or Public Health Officer has advised in writing is an excepted laboratory for the purposes of these Guidelines</td>
</tr>
<tr>
<td>Public Health Officer</td>
<td>in this Division 1, means a person who holds a delegation from the Director under the Act to investigate the occurrence or presence, or suspected occurrence or presence, of a notifiable disease.</td>
</tr>
<tr>
<td>superintendent</td>
<td>means the person in charge</td>
</tr>
<tr>
<td>working day</td>
<td>means a day other than:</td>
</tr>
<tr>
<td></td>
<td>(a) Saturday</td>
</tr>
<tr>
<td></td>
<td>(b) Sunday</td>
</tr>
<tr>
<td></td>
<td>(c) a day that is a public holiday for the purposes of section 4 of the Statutory Holidays Act 2000; or</td>
</tr>
<tr>
<td></td>
<td>(d) a day that is a public holiday for the purposes of section 5 of the Statutory Holidays Act 2000, if at the time of being required to notify under these Guidelines the person is working in the area of the State to which the public holiday relates.</td>
</tr>
</tbody>
</table>
Part 1  Notification of diseases (other than cancer) by a laboratory

When to notify

(1) The superintendent of a laboratory who is aware (by reason of a test carried out in, or a test result received by, the laboratory) that a person has evidence of a notifiable disease listed below at clause (4), must notify the Director or Public Health Officer in accordance with the requirements of this Part 1.

(2) The superintendent of a laboratory who receives and accepts a request for testing in relation to a person for Creutzfeldt-Jakob Disease, or Creutzfeldt-Jakob Disease – variant, must notify the Director or Public Health Officer in accordance with the requirements of this Part 1.

(3) For the avoidance of doubt, clause (1) continues to operate notwithstanding notice given under clause (2).
(4) For the purposes of clause (1), the following are notifiable diseases to be notified by the superintendent:

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Arbovirus – Barmah Forest virus infection</td>
<td>27.</td>
<td>Hepatitis D</td>
<td>50.</td>
<td>Poliovirus infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Arbovirus – Dengue</td>
<td>29.</td>
<td>Human immunodeficiency virus infection</td>
<td>52.</td>
<td>Rabies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Arbovirus – Murray Valley encephalitis</td>
<td>31.</td>
<td>Influenza infection</td>
<td>54.</td>
<td>Rotavirus infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Arbovirus – West Nile/Kunjin virus infection</td>
<td>32.</td>
<td>Blood lead level greater than 5 micrograms per decilitre (0.24 micromoles per litre) where the person has not been occupationally exposed to lead</td>
<td>55.</td>
<td>Rubella (including congenital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Botulism</td>
<td>34.</td>
<td>Leprosy</td>
<td>57.</td>
<td>Severe Acute Respiratory Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Brucellosis</td>
<td>35.</td>
<td>Leptospirosis</td>
<td>58.</td>
<td>Shiga toxin or vero toxin producing <em>Escherichia coli</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Carbapenemase-producing Enterobacteriaceae</td>
<td>37.</td>
<td>Lymphogranuloma venereum</td>
<td>60.</td>
<td>Smallpox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Cholera</td>
<td>39.</td>
<td>Lyssavirus – other (unspecified) lyssavirus infection</td>
<td>62.</td>
<td>Syphilis (including congenital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Creutzfeldt-Jakob Disease – variant</td>
<td>41.</td>
<td>Measles</td>
<td>64.</td>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Cryptosporidiosis</td>
<td>42.</td>
<td>Meningococcal infection</td>
<td>65.</td>
<td>Tularaemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Diphtheria</td>
<td>43.</td>
<td>Middle East Respiratory Syndrome</td>
<td>66.</td>
<td>Typhoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Donovanosis</td>
<td>44.</td>
<td>Mumps</td>
<td>67.</td>
<td>Vancomycin Resistant Enterococcus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Flavivirus infection - unspecified</td>
<td>45.</td>
<td>Ornithosis (psittacosis)</td>
<td>68.</td>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Gonococcal infection</td>
<td>46.</td>
<td>Paratyphoid</td>
<td>69.</td>
<td><em>Vibrio</em> infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td><em>Haemophilus influenzae</em> type b infection (invasive)</td>
<td>47.</td>
<td>Pertussis</td>
<td>70.</td>
<td>Viral Haemorrhagic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td>49.</td>
<td>Pneumococcal infection (invasive)</td>
<td>72.</td>
<td><em>Yersinia</em> infection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to notify

Immediate notifications

(5) For a notifiable disease listed below, the superintendent must:

(a) immediately upon being required to notify under this Part 1, telephone 1800 671 738 and notify the Director or Public Health Officer; and

(b) by 5:00pm on the next working day, send a facsimile to 03 6222 7744.

1. Anthrax
2. Avian influenza
3. Botulism
4. Cholera
5. Creutzfeldt-Jakob Disease
6. Creutzfeldt-Jakob Disease – variant
7. Diphtheria
8. Haemophilus influenzae type b infection (invasive)
9. Legionellosis
10. Listeriosis
11. Lyssavirus – Australian bat lyssavirus infection
12. Lyssavirus – other (unspecified) lyssavirus infection
13. Measles
14. Meningococcal infection
15. Middle East Respiratory Syndrome
16. Paratyphoid
17. Plague
18. Poliovirus infection
19. Rabies
20. Rubella (including congenital)
21. Severe Acute Respiratory Syndrome
22. Shiga toxin or vero toxin producing Escherichia coli
23. Smallpox
24. Tularaemia
25. Typhoid
26. Viral Haemorrhagic fever
27. Yellow Fever

Notifications for Chlamydia trachomatis infection

(6) For Chlamydia trachomatis infection, the superintendent of a laboratory that is not an excepted laboratory, must, on or before the 5th working day of every month, in relation to the instances in the immediately preceding month in which the superintendent is required to notify under this Part 1, send a password protected spreadsheet via email to an email address notified in writing to the laboratory by the Director or Public Health Officer and, unless the password has been previously notified, telephone 1800 671 738 and notify the Director or Public Health Officer of the password.

(7) For Chlamydia trachomatis infection, the superintendent of an excepted laboratory, must, on or before the 5th working day after the superintendent is required to notify under this Part 1, send a facsimile to 03 6222 7744.

Other notifications

(8) For notifiable diseases not referred to in clauses (5), (6) or (7), the superintendent must, before 5:00pm on the next working day after the superintendent is required to notify under this Part 1, send a facsimile to 03 6222 7744.
What to notify

(9) The superintendent must notify the following information:

(a) In relation to the person with evidence of a notifiable disease:

i. where the notifiable disease is *Chlamydia trachomatis* infection, Donovonosis, Gonococcal infection, Human immunodeficiency virus infection, Lymphogranuloma venereum, or Syphilis (other than congenital):

   I. The first 2 letters of their surname, followed by the first two letters of their first name (eg Jane Smith = SMJA)

   II. Gender

   III. Date of birth

   IV. Suburb of usual residence

   V. Postcode

   VI. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

ii. where the notifiable disease is not listed above in clause 9(a)(i):

   I. Full name

   II. Gender

   III. Date of birth

   IV. Telephone number(s) (if known)

   V. Usual residential address (street number and name, suburb, postcode)

   VI. Postal address (if different to above)

   VII. Whether the person is Aboriginal or Torres Strait Islander or both (if known)
(b) In relation to each notifiable disease:
   i. Name of disease
   ii. Laboratory allocated number for the specimen
   iii. Date the specimen tested was collected
   iv. Other than when notifying acceptance of a test for Creutzfeldt-Jakob Disease, or Creutzfeldt-Jakob Disease – variant:
      I. Method of diagnosis
      II. Date the test result was authorised by the laboratory

(c) In relation to the superintendent:
   i. Name
   ii. Telephone number(s)

(d) In relation to the laboratory:
   i. Name
   ii. If not previously notified to the Director or Public Health Officer:
      I. Street address (street number and name, suburb, postcode)
      II. Postal address (if different to above)
      III. Telephone number(s)
      IV. Facsimile number
      V. Email address

(e) In relation to the medical practitioner requesting the test:
   i. Name
   ii. Name of practice clinic / hospital
   iii. Practice clinic / hospital street address (street number and name, suburb, postcode)
   iv. Practice clinic / hospital postal address (if different to above)
   v. Telephone number(s)
   vi. Facsimile number
   vii. Email address (if known)
Part 2  Notification of diseases (other than cancer) by a medical practitioner

When to notify

(1) A medical practitioner, who is aware or suspects that a person he or she is attending has evidence of a notifiable disease listed below at clause (3), must notify the Director or Public Health Officer in accordance with the requirements of this Part 2.

(2) A medical practitioner is not required to notify under clause (1) if he or she is aware that the Director or Public Health Officer has previously been notified in relation to the notifiable disease in accordance with the requirements of this Part 2 or the requirements of Part 1 of this Division (notification by a laboratory).

(3) For the purposes of clause (1), the following are notifiable diseases to be notified by the medical practitioner:

1. Anthrax
2. Avian influenza
3. Botulism
4. Cholera
5. Creutzfeldt-Jakob Disease
6. Creutzfeldt-Jakob Disease – variant
7. Diphtheria
8. Donovanosis
9. Food or waterborne illness
10. Gastroenteritis - if the person resides, attends or works in a residential, educational, healthcare, or childcare facility and the medical practitioner considers the case is part of an outbreak
11. Haemolytic uraemic syndrome
12. Hepatitis - unspecified
13. Hydatid infection
14. Leprosy
15. Lyssavirus – Australian bat lyssavirus infection
16. Lyssavirus – other (unspecified) lyssavirus infection
17. Measles
18. Meningococcal infection
19. Middle East Respiratory Syndrome
20. Mumps
21. Pertussis
22. Plague
23. Poliovirus infection
24. Rabies
25. Rubella (including congenital)
26. Severe Acute Respiratory Syndrome
27. Smallpox
28. Syphilis (congenital only)
29. Tetanus
30. Tuberculosis
31. Tularaemia
32. Varicella
33. Viral Haemorrhagic fever
34. Yellow Fever
How to notify

Immediate notifications

(4) For a notifiable disease listed below, the medical practitioner must:

(a) immediately upon being required to notify under this Part 2, telephone 1800 671 738 and notify the Director or Public Health Officer; and

(b) by 5:00pm on the next working day, send a facsimile to 03 6222 7744.

1. Anthrax
2. Avian influenza
3. Botulism
4. Cholera
5. Diphtheria
6. Food or waterborne illness
7. Gastroenteritis - if the person resides, attends or works in a residential, educational, healthcare, or childcare facility and the medical practitioner considers the case is part of an outbreak
8. Haemolytic uraemic syndrome
9. Lyssavirus – Australian bat lyssavirus infection
10. Lyssavirus – other (unspecified) lyssavirus infection
11. Measles
12. Meningococcal infection
13. Middle East Respiratory Syndrome
14. Plague
15. Poliovirus infection
16. Rabies
17. Rubella (including congenital)
18. Severe Acute Respiratory Syndrome
19. Smallpox
20. Tularaemia
21. Viral Haemorrhagic fever
22. Yellow fever

Other notifications

(5) For a notifiable disease not listed at clause (4), the medical practitioner must, before 5:00pm on the next working day after the medical practitioner is required to notify under this Part 2:

(a) telephone 1800 671 738 and notify the Director or Public Health Officer; or

(b) send a facsimile to 03 6222 7744.
What to notify

(6) The medical practitioner must notify the following information:

(a) In relation to the person with, or with suspected, evidence of a notifiable disease:

i. where the notifiable disease is Donovanosis:

1. The first 2 letters of their surname, followed by the first two letters of their first name (eg Jane Smith = SMJA)

2. Gender

3. Date of birth

4. Suburb of usual residence

5. Postcode

6. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

7. Date of death (if applicable)

ii. where the notifiable disease is not listed above in clause 6(a)(i):

1. Full name

2. Gender

3. Date of birth

4. Telephone number(s)

5. Usual residential address (street number and name, suburb, postcode)

6. Postal address (if different to above)

7. Whether the person is Aboriginal or Torres Strait Islander or both (if known)

8. Date of death (if applicable)
(b) In relation to each notifiable disease:
   i. Name of disease
   ii. Suspected date of onset of disease

(c) In relation to the medical practitioner:
   i. Name
   ii. Name of practice clinic / hospital
   iii. Practice clinic / hospital street address (street number and name, suburb, postcode)
   iv. Practice clinic / hospital postal address (if different to above)
   v. Telephone number(s)
   vi. Facsimile number
   vii. Email address
Part 3  Notification of gastroenteritis by residential, educational, healthcare, or childcare facility

When to notify

(1) Subject to clause (2), the superintendent of, and the senior health professional responsible for care in, a residential, educational, healthcare, or childcare facility, who is aware or suspects:

(a) that a person residing, attending or working in the facility has gastroenteritis; and

(b) the case is part of an outbreak

must notify the Director or Public Health Officer in accordance with the requirements of this Part 3.

(2) The superintendent or health professional is not required to notify under clause (1) if he or she is aware that the Director or Public Health Officer has previously been notified of the disease in accordance with the requirements of this Part 3.

How to notify

(3) The superintendent or health professional must, before 5:00pm on the day on which he or she is required to notify under this Part 3, telephone 1800 671 738 and notify the Director or Public Health Officer.
What to notify

(4) The superintendent or health professional must notify the following information:

(a) In relation to the superintendent or health professional (whichever is notifying):
   i. Name
   ii. Telephone number(s)

(b) In relation to the facility:
   i. Name
   ii. Street address (street number and name, suburb, postcode)
   iii. Postal address (if different to above)
   iv. Telephone number(s)
   v. Services provided by the facility

(c) In relation to the person with, or with suspected, gastroenteritis:
   i. Full name
   ii. Gender
   iii. Date of birth
   iv. Date of death (if applicable)

(d) The basis upon which the superintendent or health professional is aware or suspects the case is part of an outbreak.
DIVISION 2  

Notifying Cancer

Introduction

(a) Under section 143 of the Act, the Director may establish registers containing information which the Director considers may assist in facilitating, protecting, promoting or maintaining public health. The Director may require any person, public authority, or Agency to provide information to include in the register.

(b) The Director has established the Tasmanian Cancer Registry as a register for the purposes of section 143.

(c) This Division 2 requires the superintendent of a laboratory and the superintendent of a hospital to notify information for that Register.

(d) Section 143(2A) of the Act imposes a penalty for failure to provide the information.
Definitions for Division 2

<table>
<thead>
<tr>
<th>Act</th>
<th>means the Public Health Act 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>cancer</td>
<td>means:</td>
</tr>
<tr>
<td></td>
<td>(1) a malignant neoplasm of human tissue that, if unchecked, is likely to invade adjacent tissues or extend beyond its site of origin and that has the propensity to recur either locally or remotely in the body and includes, but is not limited to:</td>
</tr>
<tr>
<td></td>
<td>(a) carcinoma</td>
</tr>
<tr>
<td></td>
<td>(b) sarcoma</td>
</tr>
<tr>
<td></td>
<td>(c) mixed tumour</td>
</tr>
<tr>
<td></td>
<td>(d) leukaemia</td>
</tr>
<tr>
<td></td>
<td>(e) lymphoma</td>
</tr>
<tr>
<td></td>
<td>(f) myeloma</td>
</tr>
<tr>
<td></td>
<td>(g) melanoma</td>
</tr>
<tr>
<td></td>
<td>(h) mesothelioma; and</td>
</tr>
<tr>
<td></td>
<td>(2) all in-situ neoplasms; and</td>
</tr>
<tr>
<td></td>
<td>(3) in the case of primary tumours of the central nervous system, any benign neoplasm</td>
</tr>
<tr>
<td>hospital</td>
<td>means:</td>
</tr>
<tr>
<td></td>
<td>(1) a hospital maintained or operated by or on behalf of the State</td>
</tr>
<tr>
<td></td>
<td>(2) a ‘private hospital’ within the meaning of the Health Service Establishments Act 2006</td>
</tr>
<tr>
<td>superintendent</td>
<td>means the person in charge</td>
</tr>
</tbody>
</table>
Part 1  Notification of cancer by a laboratory

When to notify

(1) The superintendent of a laboratory who is aware (by reason of a test, whether by pathological, imaging or clinical means, carried out in or test result received by the laboratory), that a person has, or has died with, evidence of cancer as defined in this Guideline, must, in accordance with the requirements of this Part 1, notify:

(a) the person occupying the position of Director of the Tasmanian Cancer Registry, being a Register established under the Act; or

(b) a person who holds a delegation under the Act for the purposes of the Tasmanian Cancer Registry.

How to notify

(2) The superintendent must, as soon as practicable and not later than 7 days after being required to notify under this Part 1, notify by one of the following means:

(a) Send a Health Level Seven (HL7) message, in accordance with the Australian Standard for HL7, to CANGRET (preferred); or

(b) Send a facsimile to 03 6226 7755; or

(c) Send hardcopy by registered post to Tasmanian Cancer Registry, Private Bag 23, Hobart, Tasmania, 7001.
What to notify

(3) The superintendent must notify the following information:

(a) in relation to the laboratory:
   i. Laboratory identifier (eg name and contact details; or sending facility identifier as used in HL7 messages)

(b) In relation to the person with evidence of cancer:
   i. Laboratory allocated patient identifier number
   ii. Full name
   iii. Gender
   iv. Date of birth
   v. Usual residential or mailing address
   vi. Whether the person is Aboriginal or Torres Strait Islander or both (if known)
   vii. Country of origin (if known)

(c) In relation to the test:
   i. Date referral for the test was made
   ii. Name of the medical practitioner referring for the test
   iii. Laboratory allocated test number
   iv. Date specimen to be tested was received by the laboratory
   v. Date specimen was tested at the laboratory
(d) In relation to each cancer, as relevant:

i. Type of cancer

ii. Basis of diagnosis

iii. Laboratory allocated specimen number

iv. Macroscopic appearance

v. Microscopic appearance

vi. Staging (TNM criteria)

vii. Laterality

viii. Size

ix. Grade

x. Differentiation

xi. Thickness

xii. Diagnosis

xiii. Name of medical practitioner reporting the diagnosis
Part 2    Notification of cancer by a hospital

When to notify

(1) The superintendent of a hospital must, by 31 March in each year, in respect of each person who, in the immediately preceding calendar year, received an episode of care in the hospital and who had evidence of cancer, notify:

(a) the person occupying the position of Director of the Tasmanian Cancer Registry, being a Register established under the Act; or

(b) a person who holds a delegation under the Act for the purposes of the Tasmanian Cancer Registry.

How to notify

(2) The superintendent must send a password protected spreadsheet via email to TCR@menzies.utas.edu.au and, unless the password has been previously notified, telephone 03 6226 7757 and notify the Director of the Tasmanian Cancer Registry, or a person holding a delegation under the Act for the purposes of the Registry, of the password.
What to notify

(3) The superintendent must notify the following information:

(a) The name of the hospital

(b) In relation to each person with evidence of cancer:
   
   i. Full name
   
   ii. Maiden name (if applicable)
   
   iii. Alias (if applicable)
   
   iv. Gender
   
   v. Date of birth
   
   vi. Usual residential address (street number and name, suburb, postcode)
   
   vii. Postal address (if different to above)
   
   viii. Whether the person is Aboriginal or Torres Strait Islander or both (if known)
   
   ix. Country of birth (if known)
   
   x. Dates of admission to, and discharge from, the hospital
   
   xi. Date of death in hospital (if applicable)
   
   xii. Name of the treating medical practitioner in the hospital

(c) In relation to each cancer:

   i. ICD-10AM code (site and morphology)
   
   ii. Morphology code
DIVISION 3  Notifying Food Contaminants

Introduction

(a) Under section 40 of the Act, the Director has issued a public notice declaring certain organisms and substances to be notifiable contaminants. Any toxins produced by those organisms are also notifiable contaminants (under section 3 of the Act). This means they must be notified to the Director.

(b) Pursuant to section 46 of the Act, this Division 3 sets out the requirements for:
   - who must notify the Director of a notifiable contaminant in food
   - when to notify
   - how to notify
   - what information to notify.

(c) Section 184(5) of the Act imposes a penalty for failure to comply with the Guidelines.
### Definitions for Division 3

<table>
<thead>
<tr>
<th><strong>Act</strong></th>
<th>means the Public Health Act 1997</th>
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| **food** | has the meaning given to it in the Food Act 2003.  
(Note, in relation to water, the meaning given to food in the Food Act includes packaged water - eg bottled water and packaged ice - but does not include drinking water supplied by a regulated entity, private drinking water suppliers or water carriers. For those suppliers, the Tasmanian Drinking Water Quality Guidelines issued by the Director apply). |
| **Food Standards Code** | has the meaning given to it in the Food Act 2003 |
| **person** | except for clauses (4) and (5) and the definition of Public Health Officer, includes the superintendent |
| **Public Health Officer** | in this Division 3, means a person who holds a delegation from the Director under the Act to investigate the occurrence or presence, or suspected occurrence or presence, of a notifiable contaminant |
| **superintendent** | means the person in charge |
| **working day** | means a day other than:  
(a) Saturday  
(b) Sunday  
(c) a day that is a public holiday for the purposes of section 4 of the Statutory Holidays Act 2000; or  
(d) a day that is a public holiday for the purposes of section 5 of the Statutory Holidays Act 2000, if at the time of being required to notify under these Guidelines the person is working in the area of the State to which the public holiday relates. |
Part 1  Notification by a laboratory and other persons

When to notify - Laboratory

(1) Subject to clauses (2) and (3), the superintendent of a laboratory who is aware or suspects (by reason of a test carried out in, or a test result received by, the laboratory) that:

(a) a notifiable contaminant listed below at clauses (8) or (9); or

(b) a toxin produced by any such notifiable contaminant

is present, or may be present, in food must notify the Director or Public Health Officer in accordance with the requirements of this Part 1.

(2) Where a test referred to in clause (1) was carried out for educational or academic research purposes only, the superintendent is not required to notify under clause (1) unless he or she suspects that the presence, or suspected presence, of a notifiable contaminant indicates a threat to public health or likely threat to public health.

(3) The superintendent is not required to notify under clause (1) if he or she is aware that the Director or Public Health Officer has previously been notified in relation to the notifiable contaminant in accordance with the requirements of this Part 1.

When to notify - Other persons

(4) Subject to clause (5), a person, other than a person referred to in clause (1), who is aware or suspects (by reason of information received from a laboratory located outside Tasmania) that:

(a) a notifiable contaminant listed below at clauses (8) or (9); or

(b) a toxin produced by any such notifiable contaminant

is present, or may be present, in food must notify the Director or Public Health Officer in accordance with the requirements of this Part 1.

(5) A person is not required to notify under clause (4) if he or she is aware that the Director or Public Health Officer has previously been notified in relation to the notifiable contaminant in accordance with the requirements of this Part 1.
Meaning of aware and suspects

(6) For the purposes of this Part 1, and without limiting the meaning of aware, a person is taken to be aware that a notifiable contaminant is present in food if a laboratory test, other than a preliminary test, detects or isolates a notifiable contaminant in or from food.

(7) For the purposes of this Part 1, and without limiting the meaning of suspect, a person is taken to suspect that a notifiable contaminant may be present in food if:

(a) a preliminary laboratory test detects or isolates a notifiable contaminant in or from food; or

(b) a laboratory test (whether preliminary or otherwise) detects or isolates an organism, or a class of organisms, in or from food, which indicates a notifiable contaminant is or may be present in food.

(8) For the purposes of this Part 1, the following organisms are notifiable contaminants to be notified by the person:

1. any microorganism for which a maximum permissible level is prescribed in the Food Standards Code, if that level is exceeded
2. Bacillus cereus
3. Campylobacter (any species)
4. Clostridium botulinum
5. Clostridium perfringens
6. Cryptosporidium (any species)
7. Cyclospora (any species)
8. Giardia cysts
9. Hepatitis A
10. Hepatitis E
11. Listeria (any species)
12. Salmonella (any species)
13. Shiga toxin or vero toxin producing Escherichia coli
14. Shigella (any species)
15. Staphylococcus aureus
16. Vibrio (any species)
17. Yersinia (any species)
(9) For the purposes of this Part 1, the following substances are notifiable contaminants to be notified by the person:

(a) any metal or non-metal contaminant or natural toxicant for which a maximum permissible level in a nominated food is prescribed in the Food Standards Code, if that level is exceeded in that food;

(b) any agricultural or veterinary chemical residue:
   
   i. for which a maximum residue limit or extraneous residue limit in a nominated food is prescribed in the Food Standards Code, if that level is exceeded in that food;
   
   ii. for which a maximum residue limit or extraneous residue limit in a nominated food is prescribed in the Food Standards Code, if detected at any level in food other than the nominated food;

   iii. for which a maximum residue limit or extraneous residue limit is not prescribed in the Food Standards Code, if detected at any level in any food.

How to notify

(10) The person required to notify must:

(a) Telephone 1800 671 738 and notify the Director or Public Health Officer; or

(b) Send an email to foodnotification@dhhs.tas.gov.au.

(11) Where the person is required to notify as a result of being aware of the presence of a notifiable contaminant, the person must notify as soon as possible and otherwise before 4:00pm on the day he or she is required to notify under this Part 1.

(12) Where the person is required to notify as a result of suspecting the presence of a notifiable contaminant, the person must notify before 4:00pm on the next working day after he or she is required to notify under this Part 1.
What to notify

(13) A person must notify the following information:

(a) In relation to the person notifying:
   i. Name
   ii. Name of laboratory or organisation where employed
   iii. Street address (street number and name, suburb, postcode)
   iv. Postal address (if different to above)
   v. Telephone number(s)
   vi. Email address

(b) In relation to the laboratory where the test occurred:
   i. Name of laboratory

(c) In relation to the food:
   i. Name of relevant business (eg the business producing, handling, selling or intending to sell the food)
   ii. Sample description (including food type)
   iii. Date of sample collection
   iv. Batch details, if known (eg code to identify a particular production run, or a use-by date)

(d) In relation to the test:
   i. Test method
   ii. Laboratory allocated sample identification number

(e) In relation to the test result and each notifiable contaminant:
   i. Name of substance, organism, and/or toxin
   ii. Level (if known)