WESTERN AUSTRALIAN GOVERNMENT Gazette
ISSN 1448-949X (print) ISSN 2204-4264 (online)
PRINT POST APPROVED PP665002/00041

PERTH, TUESDAY, 19 SEPTEMBER 2017 No. 184 SPECIAL

PUBLISHED BY AUTHORITY KEVIN J. McRAE, GOVERNMENT PRINTER AT 12.30 PM

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PUBLIC HEALTH ACT 2016

PUBLIC HEALTH REGULATIONS 2017

Western Australia

Public Health Regulations 2017

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Public Health Act 2016

Public Health Regulations 2017

Made by the Governor in Executive Council.

Part 1 — Preliminary

1. Citation

These regulations are the *Public Health Regulations 2017*.

2. Commencement

These regulations come into operation as follows —

(a) Part 1 — on the day on which these regulations are published in the *Gazette*;

(b) the rest of the regulations — on the day on which Part 9 of the Act comes into operation.

Part 2 — Notifiable infectious diseases and related conditions

3. Notifiable infectious diseases

The diseases listed in the Table are declared to be notifiable infectious diseases and —

(a) the diseases indicated in column 2 of the Table are declared to be urgently notifiable infectious diseases; and

(b) the diseases indicated in column 3 of the Table are declared to be vaccine preventable notifiable infectious diseases.

Table

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Amoebic meningoencephalitis (due to free-living amoebae, including *Naegleria*, *Balamuthia* and *Acanthamoeba* species)	✓	
Anthrax	✓	
Barmah Forest virus infection		
Botulism	✓	
Brucellosis		

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Campylobacter infection		
Carbapenem-resistant *Enterobacteriaceae* (CRE) infection or colonisation		
Chancroid		
Chikungunya virus infection		
Chlamydia trachomatis infection (sexually acquired)		
Cholera	✓	
Creutzfeldt-Jakob disease (classical or variant)		
Cryptosporidiosis		
Dengue virus infection		
Diphtheria	✓	✓
Donovanosis		
Flavivirus infection (not otherwise listed in this Table)		

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Gastroenteritis, due to a food or water-borne infectious disease, acquired in common with 1 or more other persons	✓	
Gonococcal infection		
Haemophilus influenzae type b (Hib) infection (invasive)	✓	✓
Hendra virus infection	✓	
Hepatitis A	✓	✓
Hepatitis B		✓
Hepatitis C		
Hepatitis D		
Hepatitis E		
Human immunodeficiency virus (HIV) infection		
Influenza		
Japanese encephalitis virus infection	✓	

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Legionellosis	✓	
Leprosy		
Leptospirosis		
Listeriosis	✓	
Lymphogranuloma venereum		
Lyssavirus infection (includes rabies, Australian bat lyssavirus and other lyssavirus infections)	✓	
Malaria		
Measles	✓	✓
Melioidosis		
Meningococcal infection (invasive)	✓	✓
Methicillin resistant *Staphylococcus aureus* (MRSA) infection or colonisation		

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Middle East Respiratory Syndrome coronavirus (MERS-CoV) infection	✓	
Mumps		✓
Murray Valley encephalitis virus infection	✓	
Paratyphoid fever	✓	
Pertussis		✓
Plague	✓	
Pneumococcal infection (invasive)		✓
Poliovirus infection	✓	✓
Psittacosis (Ornithosis)		
Q fever		
Rickettsial infection (including spotted fevers and all forms of typhus fever)		
Ross River virus infection		
Rotavirus infection		

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Rubella and congenital rubella syndrome	✓	✓
Salmonella infection		
Severe Acute Respiratory Syndrome (SARS)	✓	
Shiga toxin producing *E. coli* (STEC) infection	✓	
Shigellosis		
Smallpox	✓	
Syphilis – all stages and congenital		
Tetanus	✓	✓
Tuberculosis		
Tularaemia	✓	
Typhoid fever	✓	
Vancomycin-resistant enterococci (VRE) infection or colonisation		

Notifiable infectious diseases	Urgently notifiable infectious diseases	Vaccine preventable notifiable infectious diseases
Varicella-Zoster virus infection (including Chickenpox and Shingles)		✓
Vibrio parahaemolyticus infection		
Viral haemorrhagic fevers (including Crimean-Congo haemorrhagic fever, Ebola virus disease, Lassa fever and Marburg disease)	✓	
West Nile virus/Kunjin virus infection	✓	
Yellow fever	✓	
Yersinia infection		
Zika virus infection	✓	

4. Notifiable infectious disease-related conditions

The following medical conditions are declared to be notifiable infectious disease-related conditions —

(a) acute post-streptococcal glomerulonephritis (APSGN);

(b) adverse event following immunisation;

(c) haemolytic uraemic syndrome (HUS).

5. Notification of notifiable infectious diseases and notifiable infectious disease-related conditions: information not required

For the purposes of section 94(5)(b) of the Act —

(a) a notification of a notifiable infectious disease or notifiable infectious disease-related condition need not include the email address of the patient or the patient's medical practitioner or nurse practitioner; and

(b) a notification of human immunodeficiency virus (HIV) need not include the telephone number of the patient or the email address of the patient or the patient's medical practitioner or nurse practitioner.

6. Notification of notifiable infectious diseases and notifiable infectious disease-related conditions: information prescribed

(1) This regulation has effect for the purposes of section 94(5)(c) of the Act.

(2) The following information, in relation to the patient or deceased person, is prescribed in respect of all notifiable infectious diseases and notifiable infectious disease-related conditions, other than adverse events following immunisation and human immunodeficiency virus (HIV) infection —

(a) country of birth;

(b) language spoken at home;

(c) Indigenous status;

(d) name of occupation (where relevant);

(e) name of school or educational institution attended (where relevant);

(f) date of onset of the disease or condition;

(g) date of death (where relevant);

(h) likely place (that is, country or Australian jurisdiction) of acquisition of the disease or condition;

(i) details of the basis for diagnosis of the disease or condition;

(j) details of symptoms and signs relating to, and treatment of, the disease or condition;

(k) whether the patient or deceased person attended a hospital in relation to the disease or condition.

(3) The following information, in relation to the patient or deceased person, is prescribed in respect of adverse events following immunisation —

(a) Indigenous status;

(b) details of underlying medical conditions (if any);

(c) details of previous reactions (if any) to vaccines;

(d) details of the vaccine or vaccines administered;

(e) time elapsed between vaccination and onset of symptoms;

(f) duration of symptoms;

(g) details of the adverse event;

(h) details of the management of the adverse event;

(i) details of the provider of the vaccine and the clinical setting in which it was provided;

(j) details of the person reporting the adverse event.

(4) The information required by the HIV infection notification form is prescribed in respect of human immunodeficiency virus (HIV) infection.

(5) In subregulation (4) —

HIV infection notification form means the approved form of that name, dated 1 September 2017 and accessible on the website maintained by or on behalf of the Department.

7. Authorised officers may request further information

(1) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist notifies the Chief Health Officer under section 94 of the Act of a notifiable infectious disease or notifiable infectious disease-related condition in relation to a patient or deceased person.

(2) An authorised officer may request the practitioner or pathologist to give further information necessary to assist in preventing, controlling or abating a public health risk that might foreseeably arise from the disease or condition.

(3) Information requested under subregulation (2) may, without limitation, include or relate to —

(a) the clinical details, and treatment and medical history, of the patient or deceased person;

(b) the progress or outcome of the disease or condition;

(c) the relevant vaccination status of the patient or deceased person;

(d) information necessary to identify a source of the disease, including details of interstate and overseas travel;

(e) the patient's behavioural and other risk factors;

(f) the hospitalisation of the patient or deceased person;

(g) laboratory testing, including testing for organism antimicrobial sensitivity and characterisation by typing and subtyping methods;

(h) information covered by section 94(5) of the Act, if the practitioner or pathologist has not given the information.

8. Protection from liability

(1) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist, in notifying the Chief Health Officer under section 94 of the Act, gives additional information relating to the disease or condition and patient or

deceased person (that is, information other than information given in compliance with section 94(5)).

(2) This regulation applies if a medical practitioner, nurse practitioner or responsible pathologist, who has notified the Chief Health Officer under section 94 of the Act, gives further information relating to the disease or condition and patient or deceased person, whether or not in response to a request under regulation 7.

(3) If the practitioner or pathologist gives the information in good faith —

(a) no civil or criminal liability is incurred as a result of giving the information; and

(b) giving the information is not to be regarded as —

(i) a breach of any duty of confidentiality or secrecy imposed by law; or

(ii) a breach of professional ethics, professional standards or any principles of conduct applicable to the person's employment; or

(iii) unprofessional conduct.

9. Disclosure and use of information

(1) Information covered by regulation 8 may be disclosed or used in accordance with the provisions of section 298 of the Act as if that section applied to the information.

(2) If information referred to in subregulation (1) is disclosed or used, in good faith, in accordance with subregulation (1) —

(a) no civil or criminal liability is incurred in respect of the disclosure or use; and

(b) the disclosure or use is not to be regarded as —

(i) a breach of any duty of confidentiality or secrecy imposed by law; or

(ii) a breach of professional ethics, professional standards or any principles of conduct applicable to the person's employment; or

(iii) unprofessional conduct.

10. Recognition of interstate public health orders

For the purposes of the definition of ***corresponding law*** in section 129(1) of the Act, the following laws are prescribed —

(a) the *Public Health Act 1997* (Australian Capital Territory);

(b) the *Public Health Act 2010* (New South Wales);

(c) the *Notifiable Diseases Act* (Northern Territory);

(d) the *Public Health Act 2005* (Queensland);

(e) the *South Australian Public Health Act 2011* (South Australia);

(f) the *Public Health Act 1997* (Tasmania);

(g) the *Public Health and Wellbeing Act 2008* (Victoria).

Part 3 — Public health emergencies

11. Relevant information

For the purpose of the definition of ***relevant information*** in section 188(1) of the Act, each of the following kinds of information is prescribed —

(a) information about the loss suffered by a person, the assistance requested by a person and the assistance provided to or approved for a person;

(b) information about the owner or occupier of real property;

(c) information relating to a person's finances or insurance.

12. Disclosure of relevant information

(1) For emergency management purposes an emergency officer may disclose relevant information to a person or body engaged by a public authority to provide welfare services.

(2) A public authority, person or body to which or whom relevant information is disclosed under section 188(2) of the Act must not further disclose that information unless it is reasonably necessary to do so for an emergency management purpose.

Penalty for this subregulation: a fine of $1 000.

13. Keeping disclosed relevant information secure

A public authority, person or body to which or whom relevant information is disclosed under section 188(2) of the Act must ensure that that information is kept in a secure manner so far as it is reasonably practicable to do so.

Penalty: a fine of $1 000.

Part 4 — Inquiries

14. Allowances and expenses of a person required to attend

For the purposes of section 232(3) of the Act, the allowances and expenses payable to a person required to attend a place for the purposes of an inquiry are the allowances and expenses payable as if the person were a witness in proceedings before the State Administrative Tribunal.

Part 5 — Miscellaneous

15. Disclosure and use of information provided under Part 9 or 10 of the Act

A public health official may disclose or use specified information under section 298 of the Act in the course of duty.

16. Regulations repealed

These regulations are repealed —

(a) the *Health (Immunisation by Local Governments) Regulations 2000*;

(b) the *Health (Notification of Adverse Event After Immunization) Regulations 1995*;

(c) the *Health (Notification of Intussusception) Regulations 2007*;

(d) the *Health (Venereal Diseases) Regulations 1973*.

Part 6 — Transitional provisions

17. Inquiries or investigations under the *Health (Miscellaneous Provisions) Act 1911* section 13

An inquiry or investigation under the *Health (Miscellaneous Provisions) Act 1911* section 13 commenced but not completed before the *Public Health (Consequential Provisions) Act 2016* section 212 comes into operation may be completed under the *Health (Miscellaneous Provisions) Act 1911* as if the *Public Health (Consequential Provisions) Act 2016* section 212 had not come into operation.

N. HAGLEY, Clerk of the Executive Council.