

South Australia

South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012

under the *South Australian Public Health Act 2011*

Contents

- 1 Short title
- 3 Interpretation
- 4 Notifiable conditions
- 5 Controlled notifiable conditions
- 5A Prescribed classes of persons (section 64(1)(c) of Act)
- 5B Exemption from notification requirements
- 6 Corresponding law

Legislative history

1—Short title

These regulations may be cited as the *South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012*.

3—Interpretation

In these regulations—

Act means the *South Australian Public Health Act 2011*'

adverse event following immunisation or *AEFI* means any untoward medical occurrence that follows immunisation (whether or not the occurrence has a causal relationship with the vaccine);

Australian Immunisation Handbook means *The Australian Immunisation Handbook* published by the Commonwealth Department of Health (as in force from time to time);

notifiable adverse event following immunisation or *notifiable AEFI* means an AEFI that is not a very common or common AEFI;

very common or common adverse event following immunisation or *very common or common AEFI* means an AEFI that is listed as a very common or common adverse event in the Australian Immunisation Handbook or in clinical advice relating to adverse events published by the Australian Technical Advisory Group on Immunisation (ATAGI) established by the Commonwealth Government.

4—Notifiable conditions

For the purposes of section 63 of the Act, the following diseases or medical conditions are declared to be notifiable conditions:

 Anthrax

Arbovirus infection
Barmah Forest virus infection
Botulism
Brucellosis
Campylobacter infection
Candida auris
Carbapenemase-producing Enterobacterales (CPE)
Chancroid
Chikungunya virus infection
Chlamydia trachomatis (sexually transmitted infection only)
Cholera
Coronavirus Disease 2019 (COVID-19)
Creutzfeldt-Jakob disease
Cryptosporidiosis
Dengue virus infection
Diphtheria
Donovanosis
Food Poisoning
Gonococcal infection
Haemolytic-Uraemic Syndrome (HUS)
Haemophilus influenzae infection (invasive)
Hendra virus infection
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Human Immunodeficiency Virus infection (HIV)
Influenza
Influenza (avian in humans)
Influenza (pandemic)
Invasive group A streptococcal disease
Japanese Encephalitis virus infection
Legionellosis
Leprosy

Leptospirosis
Listeriosis
Lyssavirus infection (including rabies, Australian bat lyssavirus and other lyssavirus infections)
Malaria
Measles
Meningococcal disease (invasive)
Middle East respiratory syndrome coronavirus infection (MERS-CoV)
Mumps
Murray Valley Encephalitis virus infection
Mycobacterial infection (non-tuberculous)
Notifiable adverse event following immunisation
Paratyphoid (Salmonella Paratyphi infection)
Pertussis
Plague
Pneumococcal disease (invasive)
Poliovirus infection
Psittacosis / Ornithosis
Q Fever
Respiratory syncytial virus (RSV)
Rheumatic fever
Rheumatic heart disease
Ross River virus infection
Rotavirus
Rubella and Congenital Rubella Syndrome
Salmonella infection
Severe Acute Respiratory Syndrome (SARS)
Severe Acute Respiratory Syndrome Coronavirus 2 infection (SARS-CoV-2)
Shiga toxin producing Escherichia coli infection (STEC)
Shigella infection
Smallpox
Syphilis and Congenital Syphilis
Tetanus
Thrombotic Thrombocytopenic Purpura (TTP)
Tuberculosis

Tularaemia
Typhoid (Salmonella Typhi infection)
Varicella-Zoster virus infection
Vibrio parahaemolyticus infection
Viral Haemorrhagic Fever
West Nile virus infection (including Kunjin variant)
Yellow Fever
Yersiniosis.

5—Controlled notifiable conditions

For the purposes of section 70 of the Act, the following diseases or medical conditions are declared to be controlled notifiable conditions:

Cholera
Coronavirus Disease 2019 (COVID-19)
Diphtheria
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Human Immunodeficiency Virus infection (HIV)
Influenza (avian in humans)
Influenza (pandemic)
Measles
Middle East respiratory syndrome coronavirus infection (MERS-CoV)
Plague
Poliovirus infection
Salmonella infection
Severe Acute Respiratory Syndrome (SARS)
Severe Acute Respiratory Syndrome Coronavirus 2 infection (SARS-CoV-2)
Shigella infection
Smallpox
Tuberculosis
Viral Haemorrhagic Fever
Yellow Fever.

5A—Prescribed classes of persons (section 64(1)(c) of Act)

- (1) For the purposes of section 64(1)(c) of the Act, a registered health practitioner of a class determined by the Minister under regulation 18(3) of the *Controlled Substances (Poisons) Regulations 2011* who—
 - (a) has successfully completed a training program approved by the Minister for the purposes of regulation 18(3) of those regulations; and
 - (b) is authorised to administer vaccines as part of an immunisation program delivered under regulation 18(3) of those regulations,is a person of a prescribed class, but only in respect of a suspicion that a person is suffering, or has died from, a notifiable AEFI.
- (2) A registered health practitioner of a class prescribed under subregulation (1) who suspects that a person is suffering from a notifiable AEFI is not required to make a report under section 64(1) of the Act with respect to that case if the practitioner knows or reasonably believes that a report has already been made to the Chief Public Health Officer by a medical practitioner or another registered health practitioner of a class prescribed under subregulation (1).
- (3) For the purposes of section 64(10)(c) of the Act, the responsible person for a registered health practitioner of a class prescribed under subregulation (1) is the registered health practitioner.

5B—Exemption from notification requirements

Pursuant to section 109(2)(t) of the Act, a medical practitioner is exempt from the application of section 64(1) of the Act—

- (a) in respect of a suspicion that a person has respiratory syncytial virus (RSV);
or
- (b) if the medical practitioner suspects that a person is suffering from a notifiable AEFI and knows or reasonably believes that a report has already been made to the Chief Public Health Officer by another medical practitioner or registered health practitioner of a class prescribed under regulation 5A(1).

6—Corresponding law

For the purpose of the definition of corresponding law in section 83(1) of the Act, the following are declared to be corresponding laws:

Health Act 1911 of Western Australia

Notifiable Diseases Act 1981 of the Northern Territory

Public Health Act 1997 of the Australian Capital Territory

Public Health Act 2010 of New South Wales

Public Health Act 2005 of Queensland

Public Health Act 1997 of Tasmania

Public Health and Wellbeing Act 2008 of Victoria.

Legislative history

Notes

- Please note—References in the legislation to other legislation or instruments or to titles of bodies or offices are not automatically updated as part of the program for the revision and publication of legislation and therefore may be obsolete.
- Earlier versions of these regulations (historical versions) are listed at the end of the legislative history.
- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

Principal regulations and variations

New entries appear in bold.

Year	No	Reference	Commencement
2012	201	<i>Gazette 30.8.2012 p4090</i>	16.9.2012: r 2
2014	214	<i>Gazette 7.8.2014 p3988</i>	14.8.2014: r 2
2016	13	<i>Gazette 11.2.2016 p460</i>	18.2.2016: r 2
2020	33	<i>Gazette 2.4.2020 p652</i>	2.4.2020: r 2
2020	234	<i>Gazette 16.7.2020 p3819</i>	16.7.2020: r 2
2021	148	<i>Gazette 7.10.2021 p3697</i>	7.10.2021: r 2

Provisions varied

New entries appear in bold.

Entries that relate to provisions that have been deleted appear in italics.

Provision	How varied	Commencement
<i>r 2</i>	<i>omitted under Legislation Revision and Publication Act 2002</i>	<i>14.8.2014</i>
r 3		
adverse event following immunisation or AEFI	inserted by 148/2021 r 4	7.10.2021
Australian Immunisation Handbook	inserted by 148/2021 r 4	7.10.2021
notifiable adverse event following immunisation or notifiable AEFI	inserted by 148/2021 r 4	7.10.2021

very common or common adverse event following immunisation or very common or common AEFI	inserted by 148/2021 r 4	7.10.2021
r 4	varied by 214/2014 r 4	14.8.2014
	varied by 13/2016 r 4(1)—(5)	18.2.2016
	varied by 33/2020 r 4	2.4.2020
	varied by 234/2020 r 4(1), (2)	16.7.2020
	varied by 148/2021 r 5(1)—(8)	7.10.2021
r 5	varied by 214/2014 r 5	14.8.2014
	varied by 13/2016 r 5	18.2.2016
	varied by 234/2020 r 5(1), (2)	16.7.2020
rr 5A and 5B	inserted by 148/2021 r 6	7.10.2021

Historical versions

14.8.2014
18.2.2016
2.4.2020
16.7.2020