



Health Act 1937
Public Health Act 2005

Public Health Regulation 2005

Reprinted as in force on 1 December 2005

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Reprint No. 0A

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Information about this reprint

This regulation is reprinted as at 1 December 2005.

Minor editorial changes allowed under the provisions of the Reprints Act 1992 mentioned in the following list have also been made to—

- omit provisions that are no longer required (s 40)
- make all necessary consequential amendments (s 7(1)(k)).

This page is specific to this reprint. A table of reprints is included in the endnotes.

Also see endnotes for information about when provisions commenced.

Dates shown on reprints

Reprints dated at last amendment All reprints produced on or after 1 July 2002, hard copy and electronic, are dated as at the last date of amendment. Previously reprints were dated as at the date of publication. If a hard copy reprint is dated earlier than an electronic version published before 1 July 2002, it means the legislation was not further amended and the reprint date is the commencement of the last amendment.

If the date of a hard copy reprint is the same as the date shown for an electronic version previously published, it merely means that the electronic version was published before the hard copy version. Also, any revised edition of the previously published electronic version will have the same date as that version.

Replacement reprint date If the date of a hard copy reprint is the same as the date shown on another hard copy reprint it means that one is the replacement of the other.



Queensland

Public Health Regulation 2005

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Public Health Regulation 2005

[reprinted as in force on 1 December 2005]

Part 1 Preliminary

1 Short title

This regulation may be cited as the *Public Health Regulation 2005*.

2 Commencement

- (1) Parts 2 to 6 and 8, and schedules 1 to 3 commence on 1 December 2005.
- (2) Part 7 commences on 16 January 2006.

Part 2 Notifiable conditions

3 Notifiable condition—Act, s 64(1), definition *notifiable condition*

For the definition *notifiable condition* in section 64(1) of the Act, the medical conditions mentioned in schedule 1, column 1 are notifiable conditions.

4 Clinical diagnosis notifiable condition—Act, s 62, definition *clinical diagnosis notifiable condition*

For paragraph (b) of the definition *clinical diagnosis notifiable condition* in section 62 of the Act, schedule 1, column 2 identifies which of the notifiable conditions mentioned in schedule 1, column 1 are clinical diagnosis notifiable conditions.

5 Pathological diagnosis notifiable condition—Act, s 62, definition *pathological diagnosis notifiable condition*

For paragraph (b) of the definition *pathological diagnosis notifiable condition* in section 62 of the Act, schedule 1, column 3 identifies which of the notifiable conditions mentioned in schedule 1, column 1 are pathological diagnosis notifiable conditions.

6 Pathology request notifiable condition—Act, s 62, definition *pathology request notifiable condition*

For the definition *pathology request notifiable condition* in section 62 of the Act, schedule 1, column 4 identifies which of the notifiable conditions mentioned in schedule 1, column 1 are pathology request notifiable conditions.

7 Provisional diagnosis notifiable condition—Act, s 62, definition *provisional diagnosis notifiable condition*

For paragraph (b) of the definition *provisional diagnosis notifiable condition* in section 62 of the Act, schedule 1, column 5 identifies which of the notifiable conditions mentioned in schedule 1, column 1 are provisional diagnosis notifiable conditions.

8 Controlled notifiable condition—Act, s 63(1), definition *controlled notifiable condition*

For the definition *controlled notifiable condition* in section 63(1) of the Act, schedule 1, column 6 identifies which of the notifiable conditions mentioned in schedule 1, column 1 are controlled notifiable conditions.

9 Requirements for notice—Act, s 70(2)(a)

For section 70(2)(a)¹ of the Act, the notice must be given by fax, email or other electronic means—

¹ Section 70 (When a doctor must notify) of the Act

- (a) for a clinical diagnosis notifiable condition or provisional diagnosis notifiable condition mentioned in schedule 2—immediately after the examination; or
- (b) for a clinical diagnosis notifiable condition or provisional diagnosis notifiable condition not mentioned in schedule 2—within 48 hours after the examination.

10 Requirements for notice—Act, s 71(2)(a)

For section 71(2)(a)² of the Act, the notice must be given by fax, email or other electronic means—

- (a) for a clinical diagnosis notifiable condition or provisional diagnosis notifiable condition mentioned in schedule 2—immediately after the examination; or
- (b) for a clinical diagnosis notifiable condition or provisional diagnosis notifiable condition not mentioned in schedule 2—within 48 hours after the examination.

11 Requirements for notice—Act, s 72(2)(a)

For section 72(2)(a)³ of the Act, the notice must be given by fax, email or other electronic means—

- (a) for a pathological diagnosis notifiable condition mentioned in schedule 2—immediately after the pathological examination; or
- (b) for a pathological diagnosis notifiable condition not mentioned in schedule 2—within 48 hours after the pathological examination.

12 Requirements for notice—Act, s 73(2)(a)

For section 73(2)(a)⁴ of the Act, the notice must be given by fax, email or other electronic means—

2 Section 71 (When the person in charge of hospital must notify) of the Act

3 Section 72 (When the director of a pathology laboratory must notify a pathological diagnosis notifiable condition) of the Act

4 Section 73 (When the director of a pathology laboratory must notify pathology request notifiable condition) of the Act

- (a) for a pathology request notifiable condition mentioned in schedule 2—immediately after the receipt of the request; or
- (b) for a pathology request notifiable condition not mentioned in schedule 2—within 48 hours after the receipt of the request.

Part 3 Perinatal statistics

13 Notifications about perinatal statistics—Act, s 217

For section 217 of the Act, a notification must be given within 35 days after the day of the delivery.

Part 4 Health information

14 Prescribed agreements—Act, s 226(1)(a)(i)(B)

Each agreement mentioned in schedule 3, part 1 is prescribed for section 226(1)(a)(i)(B)⁵ of the Act.

Part 5 Cancer notifications

15 Types of skin cancer and non-invasive carcinoma—Act, s 229, definition *cancer*

For paragraph (b) of the definition *cancer* in section 229 of the Act, the following types of skin cancer and non-invasive carcinoma are prescribed—

⁵ Section 226 (Disclosure to Commonwealth, another State or Commonwealth or State entity) of the Act

- (a) basal cell carcinoma of the skin;
- (b) squamous cell carcinoma of the skin;
- (c) benign neoplasm, other than a central nervous system or brain tumour.

16 Notifications about cancer—Act, s 234(1)(b) and (3)

- (1) For section 234(1)(b)⁶ of the Act, a notification must be given within 30 days after the pathological examination.
- (2) For section 234(3) of the Act, a notification must be given within 30 days after the separation or cessation.

17 Prescribed agreements—Act, s 244(1)(a)(i)(B)

Each agreement mentioned in schedule 3, part 2 is prescribed for section 244(1)(a)(i)(B)⁷ of the Act.

Part 6 Pap smear register

18 Clinical information—Act, s 251, definition *clinical information*

- (1) For paragraph (b) of the definition *clinical information*, in section 251 of the Act, the following information about a woman is prescribed—
 - (a) the dates and results of any vaginal vault smear tests for the woman;
 - (b) whether a Pap smear, vaginal vault smear or histological sample was obtained from the woman;
 - (c) the provider details of the provider who performed the procedure to obtain the Pap smear, vaginal vault smear or histological sample;

6 Section 234 (Notifications about cancer to be given to chief executive) of the Act

7 Section 244 (Disclosure to Commonwealth, another State or Commonwealth or State entity) of the Act

- (d) the number used by the pathology laboratory to identify the provider's request for the testing of the Pap smear, vaginal vault smear or histological sample;
- (e) the code used by the pathology laboratory to identify the woman;
- (f) the accession code for the Pap smear, vaginal vault smear or histological sample;
- (g) any recommendation code for the Pap smear test or vaginal vault smear test;
- (h) the date the final result of the Pap smear test, vaginal vault smear test or histology test is given to the provider, whether or not preliminary results have also been given to the provider.

(2) In this section—

accession code, for a Pap smear, vaginal vault smear or histological sample, means a code used by a pathology laboratory to identify the Pap smear, vaginal vault smear or histological sample.

provider details, of a provider, means—

- (a) if the provider is a medical practitioner—the provider's name, postal address and provider number; or
- (b) if the provider is not a medical practitioner—the provider's name and postal address.

provider number, of a provider, means the number that is allocated by the Health Insurance Commission to the provider under the *Health Insurance Act 1973* (Cwlth) and identifies the provider and the places where the provider practises his or her profession.

recommendation code, for a Pap smear test or vaginal vault smear test, means a code used by a pathology laboratory to identify any recommendation made to a provider after testing the Pap smear or vaginal vault smear.

vaginal vault smear means the cells scraped from the top of the vagina of a woman who has had her cervix removed, for detecting whether the woman has had a recurrence of squamous intraepithelial abnormalities of her vaginal vault.

vaginal vault smear test means the process for testing a vaginal vault smear, to detect the recurrence of squamous intraepithelial abnormalities of the vaginal vault.

Part 7 **Miscellaneous⁸**

19 ***Human research ethics committee—Act, sch 2, definition human research ethics committee***

(1) *For the definition human research ethics committee in schedule 2 of the Act, the requirements are stated in the National Statement on Ethical Conduct in Research Involving Humans,⁹ issued by the NHMRC in 1999, as in force from time to time.*

(2) *In this section—*

NHMRC means the National Health and Medical Research Council established under the National Health and Medical Research Council Act 1992 (Cwlth).

8 Part 7 had not commenced on or before the reprint date.

9 A copy of the document is available on the web site of the NHMRC on the Internet at <www.nhmrc.gov.au/publications>.

Schedule 1 Notifiable conditions

sections 3 to 8

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Notifiable condition	Clinical diagnosis notifiable condition	Pathological diagnosis notifiable condition	Pathology request notifiable condition	Provisional diagnosis notifiable condition	Controlled notifiable condition
acquired immunodeficiency syndrome (AIDS)	•				•
acute flaccid paralysis	•				
acute rheumatic fever	•				
acute viral hepatitis				•	
adverse event following vaccination	•				
anthrax		•	•		
arbovirus infections—		•			
• alphavirus infections, including Barmah Forest, getah, Ross River and sindbis viruses		•			
• bunyavirus infections, including gan gan, mapputta, termeil and trubanaman viruses		•			
• flavivirus infections, including alfuy, Edge Hill, Japanese encephalitis, kokobera, kunjin, Murray Valley encephalitis, Stratford and other unspecified flaviviruses (excluding dengue fever and yellow fever)		•	•		
• any other arbovirus infections (excluding dengue fever and yellow fever)		•			

Schedule 1 (continued)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Notifiable condition	Clinical diagnosis notifiable condition	Pathological diagnosis notifiable condition	Pathology request notifiable condition	Provisional diagnosis notifiable condition	Controlled notifiable condition
atypical mycobacterial infection		•			
avian influenza		•	•	•	•
botulism (food-borne)		•	•		
botulism (intestinal - adult)		•	•		
botulism (intestinal - infantile)		•	•		
botulism (wound)		•			
brucellosis		•			
campylobacteriosis		•			
chancroid		•			
chlamydia trachomatis infection (anogenital)		•			
chlamydia trachomatis infection (non-anogenital)		•			
chlamydia trachomatis infection (lymphogranuloma venereum)		•			
cholera		•			•
ciguatera intoxication	•				
Creutzfeldt-Jakob disease	•	•		•	
cryptococcosis		•			
cryptosporidiosis		•			
dengue fever		•	•	•	
diphtheria		•		•	
donovanosis		•			

Schedule 1 (continued)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Notifiable condition	Clinical diagnosis notifiable condition	Pathological diagnosis notifiable condition	Pathology request notifiable condition	Provisional diagnosis notifiable condition	Controlled notifiable condition
echinococcosis (hydatid disease)		•			
equine morbillivirus (Hendra virus) infection		•	•		
food-borne or waterborne illness in 2 or more cases	•				
food-borne or waterborne illness in food handler	•				
gonococcal infection (anogenital)		•			
gonococcal infection (non-anogenital)		•			
haemolytic uraemic syndrome (HUS)	•	•		•	
haemophilus influenza type b infection (invasive)		•		•	
Hansen's disease (leprosy)		•			
hepatitis A		•			
hepatitis B (acute)		•			
hepatitis B (chronic)		•			
hepatitis B (not otherwise specified)		•			
hepatitis C		•			•
hepatitis D		•			
hepatitis E		•			
hepatitis (other)		•			
human immunodeficiency virus infection (HIV)		•			•

Schedule 1 (continued)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Notifiable condition	Clinical diagnosis notifiable condition	Pathological diagnosis notifiable condition	Pathology request notifiable condition	Provisional diagnosis notifiable condition	Controlled notifiable condition
influenza		•			•
invasive group A streptococcal infection		•			
lead exposure		•			
legionellosis		•			
leptospirosis		•			
listeriosis		•			
lyssavirus (Australian bat lyssavirus)		•	•		
lyssavirus (Australian bat lyssavirus), potential exposure	•				
lyssavirus (rabies)		•	•		•
lyssavirus (unspecified)		•	•		
malaria		•			
measles		•		•	
melioidosis		•			
meningococcal infection (invasive)		•		•	
mumps		•			
ornithosis (psittacosis)		•			
paratyphoid		•			•
pertussis	•	•			
plague		•	•		•
pneumococcal disease (invasive)		•			

Schedule 1 (continued)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Notifiable condition	Clinical diagnosis notifiable condition	Pathological diagnosis notifiable condition	Pathology request notifiable condition	Provisional diagnosis notifiable condition	Controlled notifiable condition
poliomyelitis - wild type and vaccine associated		•	•		
Q fever		•			
rotavirus infection		•			
rubella, including congenital rubella		•			
salmonellosis		•			
severe acute respiratory syndrome (SARS)		•	•	•	•
shiga toxin and vero toxin producing <i>escherichia coli</i> infection SLTEC/VTEC		•			
shigellosis		•			
smallpox		•	•	•	•
syphilis, including congenital syphilis		•			•
tetanus	•	•			
tuberculosis		•			•
tularaemia		•	•		
typhoid		•			•
varicella - zoster virus infection (chickenpox)		•			
viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa fever and Marburg viruses)		•	•	•	•
yellow fever		•	•		•
yersiniosis		•			

Schedule 2 Immediate notifications

sections 9 to 12

acute flaccid paralysis

anthrax

avian influenza

botulism (food-borne)

botulism (intestinal - adult)

botulism (intestinal - infantile)

cholera

ciguatera intoxication

dengue fever

equine morbillivirus (Hendra virus) infection

flavivirus infections, including alfuy, Edge Hill, Japanese encephalitis, kokobera, kunjin, Murray Valley encephalitis, Stratford and other unspecified flaviviruses (excluding dengue fever and yellow fever)

food-borne or waterborne illness in 2 or more cases

food-borne or waterborne illness in food handler

haemolytic uraemic syndrome (HUS)

hepatitis A

legionellosis

lyssavirus (Australian bat lyssavirus)

lyssavirus (Australian bat lyssavirus), potential exposure

lyssavirus (rabies)

measles

meningococcal infection (invasive)

paratyphoid

plague

Schedule 2 (continued)

poliomyelitis - wild type and vaccine associated

severe acute respiratory syndrome (SARS)

smallpox

tularaemia

typhoid

viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa fever and Marburg viruses)

yellow fever

Schedule 3 Agreements

sections 14 and 17

Part 1 Health information

National Health Information Agreement between the Health Authorities of the States and Territories of Australia, the Health Insurance Commission, the Australian Institute of Health and Welfare and the Commonwealth of Australia (2004 to 2009)

Part 2 Cancer notifications

National Health Information Agreement between the Health Authorities of the States and Territories of Australia, the Health Insurance Commission, the Australian Institute of Health and Welfare and the Commonwealth of Australia (2004 to 2009)

Endnotes

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2 Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). However, no amendments have commenced operation on or before that day. Future amendments of the Public Health Regulation 2005 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amdt	= amendment	prov	= provision
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No.[X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renum	= renumbered
ins	= inserted	rep	= repealed
lap	= lapsed	(retro)	= retrospectively
notfd	= notified	rv	= revised edition
o in c	= order in council	s	= section
om	= omitted	sch	= schedule
orig	= original	sdiv	= subdivision
p	= page	SIA	= Statutory Instruments Act 1992
para	= paragraph	SIR	= Statutory Instruments Regulation 2002
prec	= preceding	SL	= subordinate legislation
pres	= present	sub	= substituted
prev	= previous	unnum	= unnumbered

4 Table of reprints

Reprints are issued for both future and past effective dates. For the most up-to-date table of reprints, see the reprint with the latest effective date.

If a reprint number includes a letter of the alphabet, the reprint was released in unauthorised, electronic form only.

Reprint No.	Amendments included	Effective	Notes
0A	none	1 December 2005	

5 List of legislation

Public Health Regulation 2005 SL No. 281

made by the Governor in Council on 24 November 2005

notfd gaz 25 November 2005 pp 1132–3

ss 1–2 commenced on date of notification

pt 7 commences 16 January 2006 (see s 2(2))

remaining provisions commenced 1 December 2005 (see s 2(1))

exp 1 September 2016 (see SIA s 54)

Note—The expiry date may have changed since this reprint was published. See the latest reprint of the SIR for any change.

6 List of annotations

PART 8—AMENDMENT OF HEALTH REGULATION 1996

pt 8 (ss 20–23) om R0A (see RA ss 7(1)(k) and 40)