

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

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Review of Notifiable Diseases and Conditions

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Submission from the Auckland Regional Public Health Service to the Review of Notifiable Diseases and Conditions 2007

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission to the Review of Notifiable Disease and Conditions 2007.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of the ARPHS and does not necessarily represent the views of the three District Health Boards. Comment on sexually transmitted infection surveillance is also included on the final page, from Dr Nicky Perkins, Lead Clinician, Auckland Regional Sexual Health Service.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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Executive Summary and Key Recommendations

5. ARPHS is generally supportive of the review of notifiable diseases (the review), as it is important to keep the list of conditions for surveillance and public health action up to date and relevant in an environment where the challenges and issues for public health response are ever changing.

In particular, ARPHS supports:

- Inclusion of tuberculosis in the notifiable disease schedule to the Public Health Bill
 - Inclusion of sexually-transmitted infections as notifiable diseases (with the proviso that notification be anonymous, as discussed below)
 - Replacement of Highly Pathogenic Avian Influenza with the more inclusive Novel Strain Influenza.
6. ARPHS recommends that a new subcategory within the notifiable diseases schedule be created for diseases requiring only policy-based surveillance, and that the responsibilities of laboratories, medical practitioners and Medical Officers of Health with regard to diseases in this subcategory be clearly defined in the main body of the legislation.
 7. ARPHS recommends that campylobacteriosis, yersiniosis and giardiasis should also be categorised as appropriate for policy-based surveillance from laboratory notifications only, if maintained on the schedule at all.
 8. ARPHS recommends that the Ministry of Health consider alternatives to passive universal surveillance for conditions not requiring a public health response, unless appropriate incentives and inducements to maximise data sensitivity and quality are put in place.
 9. ARPHS recommends that consideration be given to making laboratory-only notifications reportable directly to a national surveillance centre (such as ESR).

Introduction

10. Auckland Regional Public Health Service (ARPHS) has a statutory obligation under the Health Act 1956, to improve, promote and protect the health of people and communities in particular for the Auckland region. ARPHS primary concern is to improve population health rather than deliver personal health services. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.
11. The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

12. Auckland is the largest urban conurbation in New Zealand. This means that it is likely to face the largest number of notifiable disease cases and the size of the conurbation and population makes effective public health response essential.
13. Auckland is also the main entry point into New Zealand of both travellers from overseas and air and sea cargo. This means that the risks of notifiable diseases in Auckland are probably greater than those faced in the rest of New Zealand.

General comments

14. ARPHS generally supports the review, as it is important to keep the list of conditions for surveillance and public health action up to date and relevant. In particular, ARPHS supports:
 - Inclusion of tuberculosis in the notifiable disease schedule to the Public Health Bill
 - Inclusion of sexually-transmitted infections as notifiable diseases (with the proviso that notification be anonymous, as discussed below)
 - Replacement of Highly Pathogenic Avian Influenza with the more inclusive Novel Strain Influenza.
15. ARPHS also requests that the Ministry of Health provide details of the implementation plan for the revised schedule of notifiable diseases. It appears unlikely that the Public Health Bill will be passed into law before the next General Election; therefore, ARPHS would like feedback on the timeframe for introducing the revised schedule to the current Health Act.

Resourcing and links to other pieces of work

16. The review has direct links to the Public Health Bill, the introduction of s74AA Health Act provision requiring laboratories to report cases of notifiable diseases, the implementation of International Health Regulations and uncertainty over the 2003 Eligibility Direction.
17. **Laboratory Notifications:** Amendments to the Health Act in 2006 have created a requirement, in section 74AA, for laboratories to directly report laboratory results indicating possible notifiable disease to the local Medical Officer of Health. This requirement is due to come into effect on 18 December 2007. It is estimated notifications to ARPHS are likely to increase by 10 to 25%. Unfortunately directly notified results will be incomplete in terms of patient contact details and may require time-consuming administrative follow-up trying to ascertain these details. This could expose ARPHS to a degree of risk if results cannot be actioned in a timely way. Bringing in additional diseases into the notification regime may impose further implementation complexity and costs for which the resourcing is unclear.

18. The cost of responding to the changed laboratory notification requirements under the current notifiable disease regime will encompass information system development and additional staffing time. ARPHS's current estimate is that it will be in the region of \$100 – 150K until the end of the year and then there will be on going costs for data entry staff, and possibly extra PHMS and PHN time.
19. **IHR 2005 Implementation:** This creates a number of issues for ARPHS in relation to the scale of its impact due to Auckland's pre-eminent position as the entry point for the Country. Relevant changes signalled by the Review will require further capacity development for ARPHS, in response to the IHR (2005) around surveillance and notification systems for a broad range of microbiological, chemical and radiological hazards that may constitute a public health emergency. The IHR (2005) outlines an integrated and rapid surveillance and response to major public health events. The co-ordination of such a system that encompasses primary care, hospitals, laboratories, national surveillance systems, the Ministry of Health and ARPHS will require additional resource to implement the currently foreseen work. The eventual results from the Review are likely to impose additional resource requirements on ARPHS.
20. **Eligibility for Free Treatment – 2003 Eligibility Direction:** Much of ARPHS' communicable disease work involves providing public goods that are designed to protect the whole population as well as benefit the individuals receiving appropriate treatment as a personal health service. Under the Minister of Health's 2003 Eligibility Direction, however, recourse to public funds for all DHB health services is not extended to persons who are not New Zealand residents, unless special conditions are met (for instance, treatment is provided under compulsion). If public health services are not specifically exempted, then
 - the personal and public health risks of non adherence to treatment and non treatment may be realised, and/or
 - ARPHS may be required to collect payment or lose revenue.
21. While this issue is currently a concern for ARPHS, the expansion in the schedule of notifiable diseases signalled by the Review may require additional contact tracing and investigative work that may result in additional personal treatment being given to individuals.

Diseases notifiable for policy-based surveillance not distinguished in proposed schedule

22. ARPHS's principal concern with the document is that neither of the proposed schedules (to the current Health Act and to the Public Health Bill, respectively) appears to draw a distinction between:
 - (a) diseases notifiable primarily for the purposes of public health response to each individual case (ie, 'event-based' surveillance), and
 - (b) diseases for which notification primarily serves a role of collecting data to inform policy development (ie, 'policy-based' surveillance) at a regional or national level.

23. The view presented in the document clearly implies that some diseases will be made notifiable primarily for policy-based surveillance purposes. The background text for chlamydia and gonorrhoea includes the statement that the condition “be added as notifiable disease ... on an anonymised basis (sex, age and ethnicity only) by laboratories only”. However, conditions for policy-based surveillance are not listed separately or distinguished in any other way from event-based surveillance conditions in the proposed schedules.
24. Unless this distinction is characterised elsewhere in the Health Act or Public Health Bill, the legislation will give no guidance to laboratories to manage their responsibilities for notifying these conditions any differently to those for other conditions. At present, notification processes and responsibilities for all diseases in each part of the proposed schedules would presumably be managed equally.
25. ARPHS recommends that a new subcategory within the notifiable diseases schedule be created for diseases notifiable solely for the purposes of policy-based surveillance, and that the responsibilities of laboratories, medical practitioners and Medical Officers of Health with regard to diseases in this subcategory be clearly defined in the main body of the legislation.
26. This problem could be addressed by simply ensuring that the prescribed form for reporting these conditions is limited to collection of information on sex, age and ethnicity: a similar approach is used currently for notification of AIDS. However, the disadvantage of this approach is that the intentions of surveillance of these conditions are not made explicit, and may be misunderstood by medical practitioners and the general public.

Other conditions recommended for policy-based surveillance only

27. ARPHS recommends that campylobacteriosis, yersiniosis and giardiasis should also be categorised as appropriate for policy-based surveillance from laboratory notifications only, if maintained on the schedule at all (see below). Public health action in response to individual cases of these diseases is of little benefit, and in many areas of New Zealand little or no response is undertaken. At present, considerable resources are expended by notifiers in providing clinical information on these cases, whereas little of this information is of any value.

Make surveillance ‘fit for purpose’ at a disease-specific level

28. While beyond the scope of this review, consideration should be given by the Ministry of Health to tailoring infectious disease surveillance approaches to specific conditions, rather than applying a “one size fits all” passive notifiable disease system. ARPHS believes strongly that the quality of surveillance data derived from a passive notification system varies greatly depending on the intensity and visibility of public health response to each notified case.

29. High quality surveillance data are likely to be collected on conditions that warrant a rapid and effective public health response (e.g. meningococcal disease and VTEC). In contrast, surveillance data for conditions with little or no requirement for public health response (e.g. campylobacteriosis, and new additions such as invasive pneumococcal disease) is likely to be poor, either (or both) in terms of the proportion of cases identified in the surveillance system, or in the completeness of demographic or risk factor data on these cases. The reason for this view is that their surveillance is not likely to be a priority to notifiers or to local public health units.
30. It is arguable whether the current universal passive surveillance (i.e. attempts to collect information on all cases) for conditions such as campylobacteriosis has made a useful contribution to policy development around this condition, considering the inconsistency of data completeness.
31. ARPHS recommends that, unless appropriate incentives and inducements to maximising data sensitivity and quality are in place, the Ministry of Health consider alternatives to passive universal surveillance for conditions not requiring a public health response.
32. These alternatives may include appropriately resourced active surveillance at sentinel sites with emphasis on data quality, or surveillance of hazards or exposures instead of disease events

Hepatitis B carriage

33. The Summary section (pg viii) indicates only that acute hepatitis B will be notifiable however the background text on hepatitis B (p22) states that the final expert review group considered hepatitis B carriage should be notifiable; it is somewhat unclear as to what the final decision is. As inclusion of hepatitis B carriage on the schedule would entail the receipt of a large number of notifications it would be good if greater detail around the thinking of the expert review group could be given, and the envisaged subsequent processes. Obviously there are specific groups of carriers, i.e. antenatal, that ARPHS is very interested to know about to ensure subsequent vaccine or HBIG administration is offered to babies and this followed up. There may be public health action around ensuring household contacts are vaccinated (although this is currently carried out through Hepatitis B Foundation and primary care) or it may be primarily to guide planning for future resource needs.

Provide legislative framework for enabling notifications directly to a national surveillance centre

34. ARPHS recommends that consideration be given to making laboratory-only notifications reportable directly to a national surveillance centre (such as ESR). While the policy development for this to occur is well beyond the scope of this document, it would be valuable considering at this stage because this reporting would need to be framed appropriately in legislation (i.e. these conditions may need to be described as notifiable only to a 'national' Medical Officer of Health or Senior Health Officer, of which one could be designated at ESR).

35. Implementing this suggestion would have considerable benefits for public health units, who would be relieved of the responsibility for processing the considerable volume of notifications for conditions not requiring event-based public health action (such as chlamydia and campylobacteriosis). This may help mitigate the additional resources needed at public health unit level resulting from the changed laboratory notification regime. The suggestion also dovetails into the work underway into laboratory algorithms for direct laboratory notification.

Comments around inclusion of STIs in proposed notifiable disease schedules

36. ARPHS has discussed with the Auckland Regional Sexual Health Service the proposed changes to the notifiable disease schedule. Dr Nicky Perkins has provided the following feedback:
37. The sexual health physicians in the Auckland region are generally very supportive of quality surveillance data in relation to sexually transmitted infections in order to direct policy / funding and more local level public health action.
- In the discussion document there is not enough information to understand the pathway by which anonymised laboratory reporting for chlamydia and gonorrhoea will occur, it would be good if this could be provided to inform the discussion. Ideally laboratory data on gonorrhoea, chlamydia and syphilis should be provided directly to Environmental Science and Research (ESR) Wellington as they are currently responsible for producing quarterly and annual surveillance reports on STIs, and laboratories report to ESR directly on a voluntary basis at present.
 - For syphilis, key sexual health clinicians consider that an appropriate solution would combine anonymised laboratory syphilis surveillance with an enhanced surveillance programme, similar to that run by the AIDS Epidemiology Group for HIV/AIDS. This form of system was in operation in Auckland for 12 months and obtained important information. However, the project was undertaken as research at Auckland Sexual Health Service, and has ceased due to lack of ongoing funding.
 - Named notification of syphilis for the purposes of contact tracing runs the very real risk of discouraging patients from testing due to concerns about confidentiality and privacy, and is not recommended for this reason. If collection or reporting of named data on syphilis were required, further information should be provided to enable stakeholders understand the purpose for this approach.
 - If part of the rationale for collection of named data on syphilis cases is to enable contact tracing or other initiatives this would need to be supported by additional resources.
 - While case definitions are beyond the scope of this document, notification of all cases of syphilis will lead to large amounts of data being collected that are not useful for the purposes of surveillance or enhancement of public health. The case definition should be restricted to those with RPR 1:8 or greater in order to capture cases of infectious syphilis only.

Conclusion

38. Thank you for the opportunity to submit on this issue. ARPHS is broadly supportive of the proposals, however it believes that further consideration is needed around the issues raised in order for the aims of the Review to be successfully achieved.

Yours sincerely

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