

# The changing landscape of the Notifiable Medical Conditions regulations: what will it mean for AMR surveillance?

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# Current legislative framework for Notifiable Medical Conditions

- National Health Act 61 of 2003
- Regulations regarding Notifiable Medical Conditions:
  - Declaration of 1991
  - Last amended by Government Notice on 15/09/2006
- National Epidemic Preparedness and Response Guidelines: published 06/03/2009
- Individual NDoH communicable disease guidelines as published (e.g. malaria, meningococcal disease, plague)

(2 September 2013 – to date)

[This is the **current** version and applies as from **2 September**, i.e. the date of commencement of the National Health Amendment Act 12 of 2013 – to date]

## NATIONAL HEALTH ACT 61 OF 2003

- (1) The Minister, after consultation with the National Health Council or the Office, as the case may be, may make regulations regarding -

*(Words preceding paragraph (a) substituted by section 6(a) of Act 12 of 2013)*

- (j) communicable diseases;
- (k) notifiable medical conditions;
- (p) health laboratory services, including -
  - (i) the classification, accreditation and licensing of health laboratories; and
  - (ii) setting, monitoring and enforcing quality control standards applicable to health laboratories;

- (3) The Minister may, in any regulation made under this Act -
- (a) designate as authoritative any methodology, procedure, practice or standard that is recognised as authoritative by internationally recognised health bodies within the relevant profession; and
- (4)
- (a) The Minister must publish all regulations proposed to be made under this Act in the *Gazette* for comment at least three months before the date contemplated for their commencement.
  - (b) If the Minister alters the draft regulations, as a result of any comment, he or she need not publish those alterations before making the regulations.
  - (c) The Minister may, if circumstances necessitate the immediate publication of a regulation, publish that regulation without the consultation contemplated in paragraph (a).

**"communicable disease"** means a disease resulting from an infection due to pathogenic agents or toxins generated by the infection, following the direct or indirect transmission of the agents from the source to the host;

(15 September 2006 – to date)

**NATIONAL HEALTH ACT 61 OF 2003**

*(Government Notice 869 in Government Gazette 26595 dated 23 July 2004. Commencement date: 2 May 2005, unless otherwise indicated. [Proc. R19, Gazette No. 27503, dated 18 April 2005]. See Act for list of commencement Proclamations.*

**DECLARATION OF MEDICAL CONDITIONS TO BE NOTIFIABLE MEDICAL CONDITIONS IN TERMS OF SECTION 45 OF THE HEALTH ACT, 1977 (ACT No. 63 OF 1977)**

*Government Notice R328 in Government Gazette 13029 dated 22 February 1991. Commencement date: 22 February 1991.*

**as amended by:**

*Government Notice R716 in Government Gazette 15639 dated 22 April 1994. Commencement date: 22 April 1994.*

*Government Notice 1307 in Government Gazette 18339 dated 3 October 1997. Commencement date: 3 October 1997.*

*Government Notice R910 in Government Gazette 29206 dated 15 September 2006. Commencement date: 15 September 2006.*

# Who notifies?

- The **first healthcare professional** to come into contact with a patient presenting with one of the prescribed NMCs.
- This may include clinic personnel, infection control nurses, public or private medical practitioners, or other hospital staff.
- In the event of deaths (or cases) in the community, a member of the community is obliged to notify the event.
- In the case of a referred patient, do not assume the previous healthcare facility notified. Communicate and/or notify, even if possible duplication.
- Cases and deaths are notifiable. Any person contracting a notifiable disease that then dies from the disease should be notified twice: first as a “case” and then later as a “death”
- Notification system is based on clinical notifications; all “suspected” cases of a condition must be immediately notified.

# Categories of NMCs

- Category A conditions:
  - Notify immediately (as rapidly as possible, within 24hours) by telephone to relevant local health authority, and
  - Complete the GW17/5 form (written notification). Send to local health authority by fax/mail within 5 days
- Category B conditions:
  - Complete a GW17/5 form only. Send to local health authority by fax/mail within 7 days.



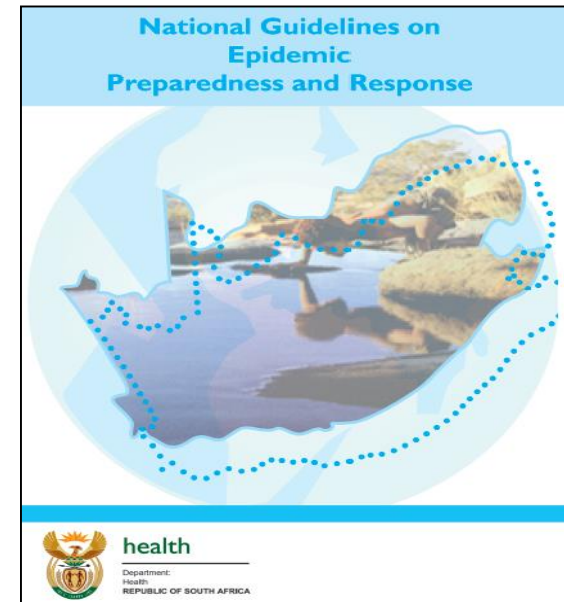
# Reporting during outbreaks of NMCs

- Report all cases by phone, email and/or fax
- Continue to complete GW17/5 form for all suspected cases

# Current list of NMCs

<b>Medical Condition</b>	
Acute flaccid paralysis 🚫:	
Anthrax 🚫:	
Brucellosis	
Cholera 🚫:	
Congenital syphilis	
Crimean-Congo haemorrhagic fever, Other haemorrhagic fevers of Africa 🚫:	
Diphtheria	
Food poisoning 🚫:	
Haemophilus influenzae type B	
Lead poisoning	
Legionellosis	
Leprosy	
Malaria	
Measles 🚫:	
Meningococcal infection 🚫:	
Paratyphoid fever	
Plague 🚫:	
Poisoning agricultural stock remedies	
Poliomyelitis (ICD10: Acute)	
Rabies, human 🚫:	
Rheumatic fever	Tuberculosis miliary
Tetanus (ICD10: other)	Typhoid fever (ICD10: Typhoid fever)
Tetanus neonatorum	Typhus fever (lice-borne)
Trachoma	Typhus fever (ratflea-borne)
Tuberculosis Primary	Viral hepatitis type A (ICD10: Acute)
Tuberculosis Pulmonary	Viral hepatitis type B (ICD10: Acute)
Tuberculosis (other respiratory organs)	Viral hepatitis non-A non-B (ICD10: Acute)
Tuberculosis of meninges	Viral hepatitis unspecified
Tuberculosis of intestine, peritoneum	Whooping cough
Tuberculosis of bones and joints	Yellow fever 🚫:
Tuberculosis of genito-urinary system	
Tuberculosis of other organs	

# NDoH EPR guidelines published 06/03/2009



## 1.2 Legislative Framework

### a) The National Health Act (Act 61 of 2003)

Section 3 (1) (c) of the Act, gives the Minister of Health the responsibility to, within the limits of available resources determine the policies and measures necessary to protect, promote and maintain the health of the population.

In addition, the Act empowers the Director General: Health, to:

- Ensure the implementation of national health policy in so far as it relates to the national department [section 21, (1) (a)].
- Issue guidelines for the implementation of national health policy [section 21, (1) (b)].
- Issue, and promote adherence to, norms and standards on health matters [section 21, (2) (b)].
- Coordinate health and medical services during national disasters [section 21, (2) (e)].
- Facilitate and promote the provision of health services for the management, prevention and control of communicable and non-communicable diseases [section 21, (2)(k)].

### Section 23 (a) of the Act:

(ix) The National Health Council advises the Minister on “ epidemiological surveillance and monitoring of national and provincial trends with regard to major diseases and risk factors for diseases”.

Provincial and District health councils also have similar functions on communicable disease control coordinators. This piece of legislation requires provinces and health districts to compile Strategic and Annual Performance plans, which should be made up of components that include Disaster Management plans.

## CHAPTER THREE: PRIORITY CONDITIONS, THRESHOLDS AND CASE DEFINITIONS

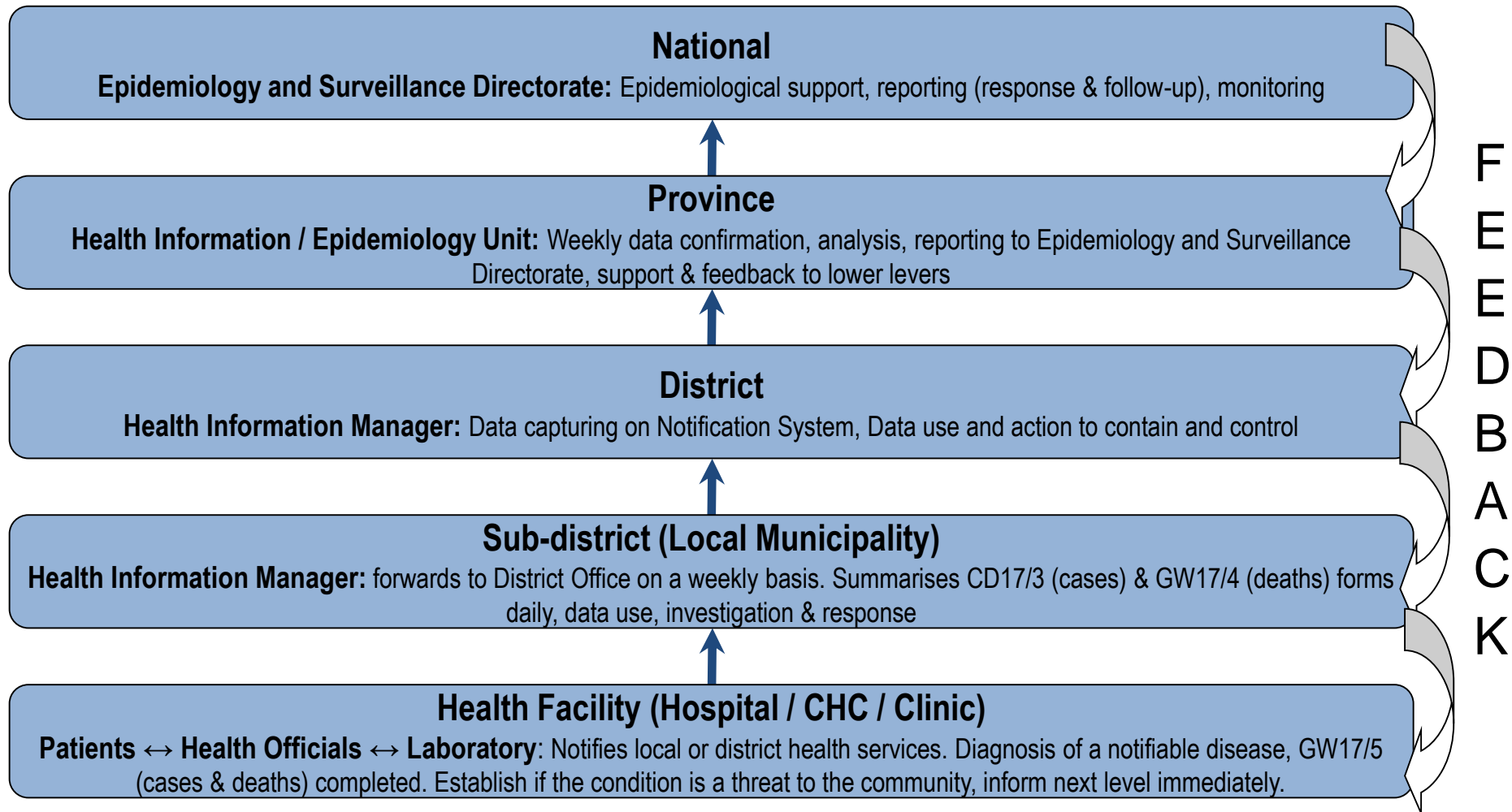
**Table 1: Priority Conditions and Thresholds**

Priority Conditions	Alert Thresholds [Cases]	Epidemic Thresholds [Cases]
<b>Epidemic Prone Diseases</b>		
Cholera	1	1
Plague	1	1
Typhoid fever	1	2 or more epidemiologically linked
Shigellosis*/Dysentery	Trends	Trends
Malaria*	Trends	Trends
Yellow fever	1	1
Meningococcal disease	1	2 or more epidemiologically linked
Viral Haemorrhagic Fevers	1	1

**Table 2: Case Definitions for Health Facility Level**

Epidemic-Prone Diseases	
Cholera	In an area where the disease is not known to be present, any person 5 years of age or more who develops severe dehydration or dies from acute watery diarrhoea. In an area where there is a cholera epidemic a patient 5 years or more develops acute watery diarrhoea, with or without vomiting.
Shigella	Any person with diarrhoea and visible blood in the stool.
Typhoid Fever	Any person with insidious onset of sustained fever, headache, coma, malaise, anorexia, relative bradycardia, constipation or diarrhoea, non productive cough and confirmed by isolation of salmonella typhi from blood, stool or any other clinical specimen.
Meningococcal Disease	Any person with headache, fever, stiff neck, drowsiness or confusion, eyes sensitive to light, nausea or vomiting, fits, and skin rash.

# Scheme of NMC data flow



# Draft regulations currently under review

## DEPARTMENT OF HEALTH

No.

2014

**NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)**

**REGULATIONS RELATING TO COMMUNICABLE DISEASES AND NOTIFIABLE  
MEDICAL CONDITIONS**

The Minister of Health intends, in terms of section 90(1)(j) and (k) of the National Health Act, 2003 (Act No. 61 of 2003), to make the regulations in the schedule.

**“Category 1 Notifiable Medical Condition”** means a condition or a disease that requires immediate reporting after the detection of the clinical case (even before the case is laboratory confirmed) followed by a written or electronic notification to the Department within 24 hours of detection;

**“Category 2 Notifiable Medical Condition”** means a condition or a disease that must be notified through a written or electronic notification to the Department within 7 days of detection of the clinical case;

**‘Category 3 Notifiable Medical Condition’** means a condition that must be notified to the Department by the laboratory using the Laboratory Data Based form on a monthly basis to the Department.

**‘healthcare-associated infection’** means an infection acquired in a health care establishment by a health care user, health worker, or a visitor to a health care establishment, who was in the establishment for a reason other than that infection:  
Provided that: --

- such an infection should have neither been present nor incubating at the time of admission or at the time when the initial contact with the health care establishment was made;
- such an infection is acquired in the health care establishment, but appearing after discharge, including any infection in a surgical site up to six weeks post operatively; or
- such an infection is an occupational acquired infection among staff of the health care establishment.

**‘laboratory’** means any private or public entity that conducts testing on human samples, whether for routine diagnostic or research purposes

**‘outbreak’** means the occurrence of more cases of a disease than that which is normally expected, within a specific place or group of people, over a given period of time.



14. (1) The Minister hereby declares the communicable diseases and medical conditions listed in Annexure A notifiable.
- (2) The Minister may declare by notice in the Government Gazette any communicable disease, medical condition or health event not listed in Annexure A as notifiable if in his or her opinion it:
- (a) poses a serious public health risk to a population of a particular community, municipality, district, province or the country;
  - (b) may be regarded as a public health emergency or has a potential for regional or international spread; and
  - (c) may require immediate, appropriate and specific action to be taken by the national department, one or more provincial departments and/or one or more municipalities.

The Minister may determine that:

- (a) certain diseases be notifiable in certain provinces, districts or municipalities for a period specified in the notice or until the notice is withdrawn;
- (b) certain diseases be notifiable by certain categories of health workers; and
- (c) specific diagnostic or laboratory criteria apply to specific diseases for notification.

## **Responsibilities of Laboratories**

13. (1) The laboratory manager of the Laboratory shall be responsible for the following:
  - a) ensure that the staff of pathology units adhere to these Regulations, keep an electronic data base of all Category 3 Communicable Diseases and Notifiable Medical Conditions (Annexure A, Table 3); and
  - b) to report laboratory confirmed Category 1 Communicable Diseases and Notifiable Medical Conditions (Annexure A, Table 1) within 24 hours.
  - c) to report laboratory confirmed Category 2 Communicable Diseases and Notifiable Medical Conditions (Annexure A, Table 2) within 7 days.
  - d) to report Category 3 Communicable Diseases and Notifiable Medical Conditions (Annexure C) on a monthly basis to the Department.

## **15. (1) Notification of Category 1 Notifiable Medical Conditions**

(a) When a health care provider diagnoses or treats a person with a Category 1 Notifiable Medical Condition (Table 1, Annexure A) he or she shall report his or her findings with an immediate verbal, sms or telephonic report (Annexure C) to the designated health authority based on clinical suspicion. This must be followed by a written or an electronic or notification within 24 hours.

(b) The laboratory shall provide an electronic or written notification to the designated health authority within 24 hours after laboratory confirmation.

## **(2) Notification of Category 2 Notifiable Medical Conditions**

(a) When a health care provider diagnoses or treats a patient with a Category 2 Notifiable Medical Condition (Table 2, Annexure A) he or she shall report his or her findings within seven (7) days of clinical diagnosis through a written or an electronic notification to the designated health authority.

(b) The laboratory shall provide an electronic or written notification to the designated health authority within 7 days after laboratory confirmation.

### **(3) Notification of Category 3 Notifiable Medical Conditions**

When the laboratory confirms a Category 3 Notifiable Medical Condition (Annexure A, Table 3), they shall keep a data base with the minimum information as provided for in Annexure D and report their findings on a monthly basis to the Department.

### **(4) Notification of deaths related to Notifiable Medical Conditions**

When a health care provider diagnoses or treats a person with any Notifiable Medical Condition (Annexure A) and the person subsequently dies as a result of such a condition he or she shall report the findings thereof through an electronic or written notification within 24 hours of death.

### **(5) Reporting of outbreaks or clusters of infectious diseases or medical conditions**

Any clinical or laboratory health care provider having knowledge of any outbreak or unusual incidence of an infectious disease or medical condition, whether or not listed in Annexure A he or she shall immediately through verbal, sms or telephone report (Annexure E) the findings to the designated health authority within 24 hours.

## ANNEXURE A

**Table 1:** Category 1 Notifiable Medical Conditions that need immediate (within 24hours) notification as a clinical case (by health care provider), and as a laboratory-confirmed case (by laboratory).

	<b>Notifiable medical condition</b>	<b>ICD 10</b>	<b>Notifiable as a clinical case by health care provider</b>	<b>Notifiable as a laboratory-confirmed case by laboratory</b>
1	Acute flaccid paralysis	AFP	✓	N/A
2	Anthrax	A22	✓	✓
3	Botulism	A05.1	✓	✓
4	Cholera	A00	✓	✓
5	Foodborne illness outbreak		✓	N/A
6	Measles	B05	✓	✓
7	Meningococcal disease	A39	✓	✓
8	Novel influenza A virus	J09-J10	✓	✓
9	Plague	A20	✓	✓
10	Poliomyelitis	A80	✓	✓
11	Rabies (human)	A82	✓	✓
12	Rift Valley fever (human)	A92.4	✓	✓
13	Severe acute respiratory illness caused by coronaviruses*	U04	✓	✓
14	Smallpox	B03	✓	✓
15	Viral haemorrhagic fever diseases**	A96, A98-99	✓	✓
16	Waterborne illness outbreak		✓	N/A
17	Yellow fever	A95	✓	✓

N/A: not applicable

\*Severe acute respiratory illness caused by coronaviruses: SARS, MERS-CoV, novel coronaviruses

\*\*Viral haemorrhagic fever diseases: Ebola or Marburg viruses, Lassa virus, Lujo virus, novel or new world arenaviruses, Crimean-Congo haemorrhagic fever

**Table 2:** Category 2 Notifiable Medical Conditions to be notified within seven (7) days of diagnosis as a clinical case (by health care provider), and as a laboratory-confirmed case (by laboratory).

	<b>Notifiable medical condition</b>	<b>ICD-10</b>	<b>Notifiable as a clinical case by healthcare provider</b>	<b>Notifiable as a laboratory-confirmed case by laboratory</b>
	Agricultural or stock remedy poisoning	T60	✓	N/A
	Bilharzia (schistosomiasis)	B65	✓	✓
	Brucellosis	A23	✓	✓
	Congenital rubella syndrome	P35.0	✓	✓
	Congenital syphilis	A50	✓	✓
	Diphtheria	A36	✓	✓
	Enteric fever (typhoid or paratyphoid fever)	A01	✓	✓
	<i>Haemophilus influenzae</i> type B	HIB	✓	✓
	Hepatitis A	B15	✓	✓
	Hepatitis B	B16, B18	✓	✓
	Hepatitis C	B17.1	✓	✓
	Hepatitis E	B17.2	✓	✓
	Lead poisoning	T56.0	✓	
	Legionellosis	A48.1-A48.2	✓	✓
	Leprosy	A30	✓	✓
	Malaria	B50-B54)	✓	✓
	Maternal death (pregnancy, childbirth and puerperium)	O95	✓	N/A
	Mercury poisoning	T56.1	✓	✓
	Pertussis	A37	✓	✓
	Soil-transmitted helminthic infections	B76-80	✓	✓
	Tetanus	A33-35	✓	N/A
	Tuberculosis: pulmonary	A15-A16	✓	✓
	Tuberculosis: extra-pulmonary	A17-19	✓	✓
	Tuberculosis: multidrug-resistant (MDR-TB)	U50.0-U50.4	✓	✓
	Tuberculosis: extensively drug-resistant (XDR-TB)	U50.5-U50.9	✓	✓

N/A: not applicable

**Table 3:** Category 3 Notifiable Medical Conditions that private and public laboratories need to keep a database on and report monthly to NDOH

	<b>Notifiable medical condition</b>	<b>Pathogen/s to notify</b>
1	Endemic arboviral diseases	West Nile virus, Sindbis virus, Chikungunya virus
2	Non-endemic arboviral diseases	Dengue fever virus, other imported arboviruses of medical importance
3	Shiga toxin-producing <i>Escherichia coli</i>	Shiga toxin-producing <i>Escherichia coli</i>
4	Rubella	Rubella virus
5	Non-typhoidal Salmonellosis	<i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i>
6	Shigellosis	<i>Shigella</i> spp.
7	Healthcare-associated infections or multi drug-resistant organisms of public health importance	<ul style="list-style-type: none"> <li>• Carbapenemase/s-producing Enterobacteriaceae</li> <li>• Glycopeptide-resistant enterococci</li> <li>• Glycopeptide-resistant or –intermediately resistant <i>Staphylococcus aureus</i></li> <li>• Colistin-resistant <i>Pseudomonas aeruginosa</i></li> <li>• Colistin-resistant <i>Acinetobacter baumannii</i></li> <li>• <i>Clostridium difficile</i></li> </ul>

Additional NMCs to be considered:

- Invasive *Streptococcus pneumoniae*
- *Cryptococcus* spp.

# Role of laboratories





- Greater responsibility
  - Meticulous database maintenance and manipulation capabilities
  - Reporting of all 3 categories of relevant NMCs
  - Adhering to timelines of reporting
  - Ensuring reporting to appropriate entities
    - Healthcare workers
    - Public health authorities (District DoH, National DoH)
  - Detection and timely reporting of suspected outbreaks
- Greater public health power
  - Mechanism of reporting suspected outbreaks
  - Using NMC data to enhance functions and efficacy, inform local practice; raise profile of microbiology and empower microbiologists
  - Contribute to public health programmes

# Implications for AMR activities

- Novel platform for integrating all private and public lab data
- Allows for horizontal and vertical AMR surveillance – at facility, district, province and national levels
  - AMR mapping
  - Detecting hotspots and ‘silent’ spots
- Enable construction of baseline surveillance trends:
  - To calculate alert thresholds for detection of possible outbreaks
  - Assists in monitoring and evaluation of interventions

PUGH



Happy Valentine's Day!



*Popular Science Monthly*

## The Pure and Germless Kiss

A KISS, says Webster's Dictionary, is a sweetmeat made of the beaten whites of eggs and sugar, baked; a drop of sealing wax; or pressure with the lips (compressed on contact and then separated) as a mark of affection, greeting, reverence, forgiveness.

Scientists warn us that kisses are unhygienic—transmitting all sorts of dangerous disease germs. Most of us are willing to run this risk, but there are always a few careful ones who strive after the pure and perfect kiss. One of them has invented this kissing screen, which might easily be used as a ping-pong racket in its idle moments. The netting is covered with an antiseptic guaranteed to kill all germs en route. But does a kiss thus presented comply with the definition given in Webster?



For a pure and hygienic kiss, use this small racket—after washing it in an antiseptic