



Changes in the Health Act: Implications for Sexual Health Services

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What does this presentation cover?

- What parts and why has the Health Act been amended?
- New notifications and procedures
- Managing Infectious diseases:
 - Principles
 - Processes
- Contact tracing

What is the new legislation about?

- Provides a range of public health measures to deal with infectious disease risk
- Providing human rights safeguards
- Improves infectious disease surveillance (particularly wrt notification of STIs)
- Putting contact tracing on a legislative footing

Health Act and HIND Changes

- Commenced 4 January 2017
- Changes to:
 - Section 7a(8)
 - sections 74,
 - Part 3A,
 - Schedule 1 of the Health Act -
 - HIND Regs 2016
- **Contact tracing in other districts**
- **Notification**
- **Management of infectious diseases**
- **Notifiable and other infectious diseases**
- Guidance on Infectious Disease Management*
 - summary of legislation,
 - scenarios,
 - templates,
 - prosecution policy,
 - contact tracing resources
- Involvement of:
 - Primary health sector
 - Midwives,
 - Nursing council
 - Sexual health clinics
 - NGOs

... all advised of the changes

* <http://www.health.govt.nz/system/files/documents/publications/guidance-infectious-disease-management-under-health-act-1956-feb17-v3.pdf>

New notification of infectious disease requirements

- Improving availability of information for
diseases of public significance,
enabling more effective follow up
- All health practitioners must notify, not just doctors
- Notification on a **non-identified basis** for “Section C diseases”
 - HIV/AIDS; gonorrhoea; syphilis
 - Requires a different notification form to other notifiable diseases
- Minimum information requirements for Lab notification under HIND regs
- Direct lab notification using e-notification system still occurring
- Electronic reporting system using REDCap – by 2018
- Standard reports able to be generated from EpiSurv

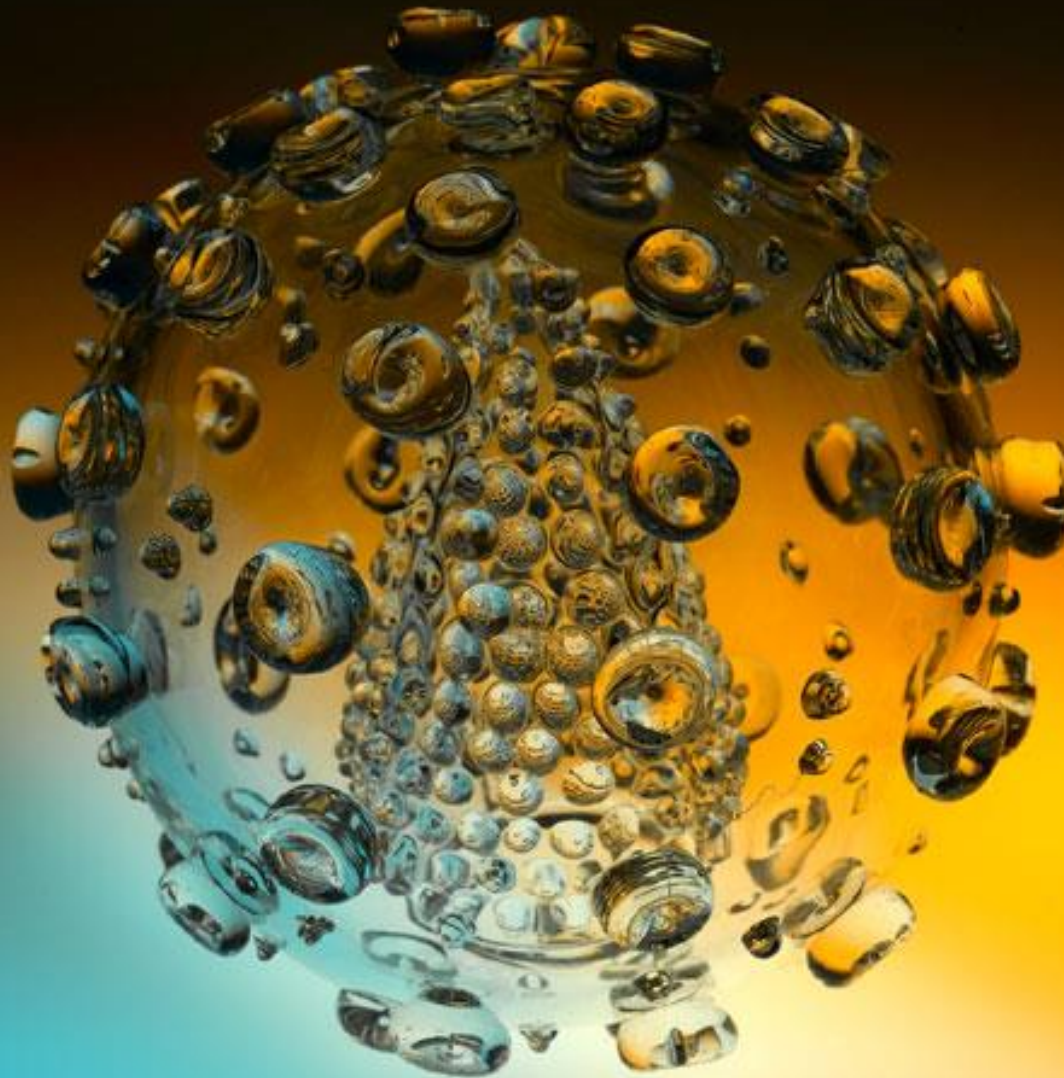
Notification of infectious diseases - What has been replaced?

- Now all these notification requirements brought into the Health Act.
 - (TB & VD used to have their own legislation & processes)
- The HIND Regs 2016 now largely only prescribe the manner of notifying diseases – ie, forms & minimum requirements

Non-identified notification form

Health practitioner notice of notifiable disease (non-identified basis) Section 74(1) and (3A), Health Act 1956			
TO:	Community and Public Health	ATTENTION:	Medical Officer of Health
FAX:	(03) 379 6484	DATE:	
CAUTION: <i>The information contained in this facsimile is legally privileged and confidential. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Thank you.</i>			
Disease or suspected disease being notified: <input type="checkbox"/> AIDS <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <input type="checkbox"/> Gonorrhoea			
Patient Details			
First two letters of surname: _____		First Letter of first name: _____	
DHB district of usual Address: _____		Date of Death (if applicable): ____ / ____ / ____	
Date of Birth: ____ / ____ / ____	Ethnicity: (tick all that apply)		
NHI number: _____	<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
			<input type="checkbox"/> Cook Is Maori <input type="checkbox"/> Niuean
			<input type="checkbox"/> Other (specify): _____
Nature of work or education (if known): _____			
Recent travel history (if known): _____			
Details of Disease			
Date of onset (approximately): ____ / ____ / ____		Has the patient been hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes:	
Date of hospital admission: ____ / ____ / ____		Name of Hospital: _____	
Laboratory tests done or ordered (if any): _____			
Results of Laboratory tests (if available): _____			
If the disease or suspected disease is HIV or AIDS, whether or not there is laboratory evidence of newly acquired HIV infection if known: _____			
If the disease or suspected disease is HIV, AIDS, or syphilis, the date and place of last negative laboratory test (if known):			
Date ____ / ____ / ____		Place: _____	
If the disease or suspected disease is HIV, AIDS, or syphilis, has the patient been referred to specialist care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other information relevant to the risk of the patient having or transmitting the disease (for example, vaccine history, sexual behaviours or activity, or sex of partner or partners, if known): _____			

Glass HIV by Luke Jerram



Overarching principles in managing infectious diseases under Part 3A

Paramount consideration = Protection of Public Health

Within a context of Human rights:

Dignity

Respect

Special Circumstances

Vulnerabilities

- 1. Voluntary compliance first**
- 2. Keep individual informed**
- 3. Use proportionate measures**
- 4. Least restrictive measures**
- 5. Time limit measures**

s79 has gone

HIV detainee out again

Christchurch Star 04-04-04

The official dilemma over Christchurch's frequent-absconding HIV-positive detainee Christopher Truscott heightened today after he escaped from his compulsory isolation again overnight.

A former male prostitute, Mr Truscott has escaped several times since November 1999 when he was ordered to be held in isolation under Section 79 of the Health Act.

Section 79 covers isolation to prevent the spread of disease.

Police said early today they were keeping an eye out for him and invited members of the public to let them know if they see him.

In his previous escapes Mr Truscott has only usual-

ly been at liberty for short periods before being found and returned to isolation.

The intellectually disabled man has posed a dilemma for Christchurch health authorities. After previous escapes they said early last year that while they had increased security the situation was unique and they could not give 100 per cent guarantees.

They pointed out that premises Mr Truscott was being held at were as secure as possible given that it was intended to be isolation and not incarceration.

Christchurch's Medical Officer of Health Dr Mel Brieseman said then that Mr Truscott posed a risk to only a small group of people who were prepared to have unsafe sex with him.

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the him self nule drinken

Old English Homilies 1175



A substantial risk of serious harm
from an infectious disease*
that someone has or *may* have

having regard to—

- a) the nature of the infectious disease, including, without limitation, the transmissibility and mode of transmission of the infectious disease; and
- b) the relevant circumstances of the particular case

*must be on Schedule 1 of the Health Act

Measures for infectious disease management

Medical Officer of Health decision, with support and advice:



Directions (Sub-part 2)

- 1. Individuals posing a public health risk (92I)***
- 2. Contacts posing a public health risk (92J)***
- 3. Medical examinations (92K)***
- 4. Closing educational institutions (92L)***

Cases and contacts (s92I & 92J)

The medical officer of health may direct the individual to:

- a) participate in:
 - (i) counselling:
 - (ii) education:
 - (iii) other activities related to the infectious disease
- b) refrain from carrying out specified activities
- c) refrain from going to specified places
- d) refrain from associating with specified persons
- e) take specified actions to prevent or minimise the public health risk
- f) stay at a specified place of residence
- g) accept supervision by a person
- h) comply with instructions to prevent the spread of the infectious disease.

- Time Limits
 - Urgent public health orders – 72hrs (s92ZG)
 - Directions and court orders – 6 months (s92O & s92ZC)
- MOoH must review directions (s92ZQ)
- District Court may extend directions (s92ZD)
- District Court may vary or cancel directions (s92ZR)
- Right of appeal (Subpart 4)

Process 2

- DPH has to approve measures involving *non-notifiable* conditions listed under Part 2 Schedule 1 (eg chlamydia)
- Examination directions must be forwarded to DPH
- Provide reports to DPH on request
- MoH Enforcement unit must approve prosecutions
- Force never to be used
- Special protections for children <16years

Process 3: Privacy considerations

- Health Information Privacy Code (HIPC) still applies:
- Including:
 - restrictions on collecting, using & sharing personal information about a case or contact (Rules 10 & 11, HIPC)
 - obligation to inform person when using/sharing their information (rule 3, HIPC)
- s92J(9) is an new exception:
 - Despite anything in the Privacy Act 1993, if a person requires another person to provide information under this section,—
 - (a) the person required to provide the information must comply with the requirement and be advised that the information must be provided for the effective management of infectious diseases;
- The information gathered for this purpose should only be used/shared for this purpose



- Derek Bowers
- STI campaign
- for NHS

Statutory contact tracing: What is it?

- The purpose of contact tracing is (s92ZY):
 - identifying the source of the infectious disease or suspected disease
 - making contacts aware they too may be infected, encouraging them to seek diagnosis & treatment
 - limiting the disease's transmission to others
- Information requiring powers – case **must** provide the details about contacts required (if known) & it is an offence not to
- Contact tracer must not disclose case's identity to contacts unless impracticable bearing in mind the paramount overarching principle is protection of public health
- MOsH power to contact trace across Health Districts (s 7A(8))

Statutory contact tracing: Who does it?

- Formal contact tracers are:
 - Medical Officers of Health and/or Health Protection Officers
 - Suitably qualified health or community workers nominated by a MOH or DHB
 - Public health nurse
 - Sexual Health Service
 - Family Planning
 - Nomination must be with nominee's consent
- Contact tracer must consider whether the case can trace
- Contact tracer should monitor case tracing
- Statutory contact tracing does not replace the informal contact, or partner, tracing organisations & primary health practitioners which currently occurs

Statutory contact tracing: When to do it?

- Statutory contact tracing may only arise on referral to the PHU/DHB
 - and only at contact tracer's discretion
- Most suitable for STIs
- Also suitable for:
 - those at higher risk of complications,
 - in an outbreak,
 - case not likely to comply with voluntary / informal information requests about their contacts
- Refusal to provide statutory contact tracing information can lead to a direction being issued
 - (and prosecuted if the direction is not followed)

Conclusions

- Non-identifiable notification important
and will occur by 2018
- HIV notification still to go to Aids Epidemiology group
- Contact tracing an important rôle
for sexual health services
in conjunction with other new measures

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