

## National Notifiable Disease List (NNDL)

### Process for Making a Disease Nationally Notifiable

#### Background

The National Notifiable Diseases List (NNDL) is a list of communicable diseases that are to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS).

The NNDL, a legislative instrument, under the *National Health Security Act 2007*, was created in 2008 to list a number of communicable diseases. Inclusion of a communicable disease on the NNDL provides the legal authority to exchange personal information about cases for the purposes of public health surveillance.

#### Endorsement Process

The criteria for adding diseases to the list were established in December 2008, and a process for assessing diseases against these criteria was endorsed by the PHLN and CDNA.

#### **CDNA/PHLN endorsed process for making a disease notifiable**

*Diseases are made notifiable to fulfill one or more surveillance goals:*

- to control the spread of disease (with public health follow up for each case)
- outbreak potential
- changes in incidence and/or morbidity and mortality
- to estimate the burden of disease
- to monitor trends in the burden over time
- feasibility of collection
- vaccine preventability
- to assess the effectiveness and immediacy of interventions (e.g. vaccines)
- to monitor changes in disease characteristics over time
- to enhance understanding of the epidemiology and clinical course of the disease
- to provide a basis for epidemiological research
- community and political concern
- international concern
- importance to Indigenous health
- to inform policy makers
- to review and assess that proposed surveillance systems are adequately sensitive and specific to achieve these aims
- to review, assessment and refinement of existing control programs
- a developed surveillance strategy
- post-marketing surveillance
- laboratory characterisation of organism

### *Assessment process*

#### 1. Nomination of a communicable disease for national notifiable status.

An expert disease committee, or overarching parent committee or member of CDNA can nominate a disease for notifiable status. The Chief Medical Officer, or any State and Territory Health Minister may also nominate.

#### 2. Assessment against criteria by CDNA.

If CDNA deems that the request is worthy of further consideration, a Joint Criteria Assessment Group (JCAG) is formed consisting of:

- a) a CDNA JEG member (chair);
- b) a laboratory expert;
- c) a local public health unit representative;
- d) a project officer (ideally a public health trainee working with the Chair), and
- e) other experts drawn from CDNA or elsewhere.

A discussion Paper would be developed by the project officer with recommendations about whether surveillance for the condition would be useful and the best method of surveillance e.g. surveys, notifications, using existing datasets.

#### 3. Documentation of recommendations.

The Office of Health Protection will document the decisions and process through the relevant committee secretariats and provide the project officer support. A technical assessment against the criteria will be provided to CDNA and PHLN by the JCAG.

#### 4. Recommendation to Principal Committees.

For most diseases a recommendation, including the technical assessment from CDNA and PHLN via the JCAG will be proposed to AHPPC for consideration of not only the scientific assessments but also policy implications.

For some diseases such as HIV and AIDS which the Australian Population Health Development Principal Committee (APHDPC) takes carriage, both committees would be asked to consider the recommendation.

#### 5. AHPPC Decision.

If AHPPC decides to support this recommendation, it will initiate the proposal to the Commonwealth Health Minister. Paragraph 38(e) of the *National Health Security Agreement* 2008 provides for AHPPC to advise the Commonwealth on additions or deletions to the NNDL.

#### 6. Proposal to the Commonwealth Health Minister.

AHPPC makes a proposal to the Health Minister and if the Health Minister agrees to the concept, he then consults with State and Territory Health Ministers. This consultation may also involve Australian Health Ministers' Advisory Council (AHMAC) and the Standing Council on Health (ScOH).