

List of diseases notifiable to the Medical Officer of Health

Diseases Notifiable in New Zealand (include suspected cases)*

Notifiable Infectious Diseases Under the Health Act 1956

Section A – Infectious Diseases Notifiable to a Medical Officer of Health and Local Authority

Acute gastroenteritis **	Campylobacteriosis
Cholera	Cryptosporidiosis
Giardiasis	Hepatitis A
Legionellosis	Listeriosis
Meningoencephalitis – primary amoebic	Salmonellosis
Shigellosis	Typhoid and paratyphoid fever
Yersiniosis	

Section B – Infectious Diseases Notifiable to Medical Officer of Health

Acquired Immunodeficiency Syndrome	Anthrax
Arboviral diseases	Brucellosis
Creutzfeldt-Jakob disease and other spongiform encephalopathies	Diphtheria
<i>Enterobacter sakazakii</i> invasive disease	<i>Haemophilus influenzae</i> b
Hepatitis B	Hepatitis C
Hepatitis (viral) – not otherwise specified	Highly Pathogenic Avian Influenza (HPAI)
Hydatid disease	Invasive Pneumococcal Disease
Leprosy	Leptospirosis
Malaria	Measles
Mumps	<i>Neisseria meningitidis</i> invasive disease
Pertussis	Non-seasonal influenza (capable of being transmitted between human beings)
	Plague
Poliomyelitis	Rabies
Rheumatic fever	Rickettsial diseases
Rubella	Severe Acute Respiratory Syndrome (SARS)
Tetanus	Viral haemorrhagic fevers
Yellow fever	

Diseases Notifiable to Medical Officer of Health (Other than Notifiable Infectious Diseases)

Notifiable to the Medical Officer of Health

Cysticercosis
Taeniasis
Trichinosis
Decompression sickness
Lead absorption equal to or in excess of 10µg/dl (0.48µ mol/l) ***
Poisoning arising from chemical contamination of the environment

Notifiable Diseases Under Tuberculosis Act 1948

Notifiable to the Medical Officer of Health

Tuberculosis (all forms)

List of diseases notifiable to the Medical Officer of Health

- * During times of increased incidence practitioners may be requested to report, with informed consent, to their local Medical Officer of Health cases of communicable diseases not on this list.
- ** Not every case of acute gastroenteritis is necessarily notifiable – only those where there is a suspected common source or from a person in a high risk category (eg, food handler, early childhood service worker, etc) *or* single cases of chemical, bacterial, or toxic food poisoning such as botulism, toxic shellfish poisoning (any type) and disease caused by verocytotoxic *E. coli*.
- *** Blood lead levels to be reported to the Medical Officer of Health (10µg/dl or 0.48µ mol/l) are for environmental exposure. Where occupational exposure is suspected, please notify OSH through the NODS network.