

## Referral of an individual with a notifiable sexually transmitted infection(s) who poses a significant public health risk (Health Act 1956)

Fax this form to RPH on 04 570 9373 using a cover sheet marked 'confidential' or email [healthprotection@huttvalleydhb.org.nz](mailto:healthprotection@huttvalleydhb.org.nz) **DO NOT** include any identifying details about the person.

The form must be **signed by the doctor or nurse** who is treating the person and **cannot be completed** by reception or administration staff. RPH staff may contact you to get further information.

### Background information

Syphilis, gonorrhoea, HIV and AIDS are Section C notifiable diseases under the Health Act 1956. The Act requires **de-identified** notification of these diseases, which means the person's name, address, workplace, or contact information cannot be included in the notification. Although NHI is required for notification, legally this cannot be used to trace identifying information about an individual. Because of these requirements, public health units and Medical Officers of Health cannot have a routine role in management or contact tracing of individuals with section C diseases.

A referral to the Medical Officer of Health (MOoH) for public health action is expected to be unusual and will only be appropriate if **all three** of the following criteria are met:

1. The individual represents a significant public health risk (see box).
2. The individual is refusing to be treated and/or to disclose sexual contacts, despite being given sufficient opportunities to do so.
3. All voluntary measures have failed.

A significant 'public health risk' indicates there is **substantial risk** of **serious harm** to public health.

For section C diseases the risk to public health risk will depend on the **STI** the person has (e.g. drug resistant gonorrhoea); and the relevant **circumstances of the infected person** (e.g. suspected ongoing unsafe sexual practices with multiple partners; pregnancy in the case of a sexual partner; a sex worker; high risk sexual contacts).

If the MOoH agrees that public health action is required to prevent or minimise the public health risk, a formal request will be made to the referring Dr/Nurse under **section 74(3B) of the Health Act** for disclosure of personal information on the case. The referring Dr/Nurse is legally obliged to provide this information to the MOoH.

It is expected that the **Wellington Sexual Health Service (WSHS)** or the **HIV Clinical Nurse Specialist** are contacted for advice and support prior to any referral to the MOoH.

## Referral details

To assist the MOoH in assessing the public health risk posed by the individual and whether it meets the threshold for public health action, please answer the following questions.

Note: **THIS IS NOT A NOTIFICATION FORM.** Section C disease notification is DIFFERENT to other notifiable diseases and there is a separate process for each section C STI. All of the forms and web-links are available via the 3DHealthpathways or ESR public health surveillance websites.

1. Have you sought support from WSHS or the HIV Clinical Nurse Specialist?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable as the referral is from WSHS or the Infectious Diseases Team <input type="checkbox"/>	
2. Select which Section C STI(s) this referral relates to			
Gonorrhoea <input type="checkbox"/>	Syphilis <input type="checkbox"/>	HIV <input type="checkbox"/>	AIDS <input type="checkbox"/>
3. Provide details of the risk to public health. Be specific regarding this individual and their personal circumstances			
Drug resistant organism <input type="checkbox"/>		Works as a sex worker <input type="checkbox"/>	
Suspected ongoing unsafe sexual practices e.g. <ul style="list-style-type: none"> <li>• unprotected sex with multiple partners <input type="checkbox"/></li> <li>• sex under the influence of drugs or alcohol including Chemsex parties <input type="checkbox"/></li> </ul>		High risk sexual contacts e.g. multiple anonymous contacts at a sex on site venue, or via a dating App <input type="checkbox"/>	
Pregnant case or sexual contact <input type="checkbox"/>		Highly infectious case e.g. primary or secondary syphilis <input type="checkbox"/>	
Cluster of cases e.g. in an institution <input type="checkbox"/>		Other (Provide details below) <input type="checkbox"/>	
Provide any additional information here:			
4. Outline what public health support or action is requested			
Attending clinic appointments <input type="checkbox"/>		Locating high risk sexual contacts <input type="checkbox"/>	
Treatment of the case <input type="checkbox"/>		Identifying sexual contacts <input type="checkbox"/>	
Managing an outbreak in an institution <input type="checkbox"/>		Other (provide details below) <input type="checkbox"/>	
Provide any additional information here:			

**5. Outline actions taken to encourage the individual to attend clinic appointments, complete treatment and/or disclose contact information; and details of support from other agencies.**  
 It is expected that all possible efforts have been made to engage with the individual; and support from at least one other agency has been sought prior to any referral to Regional Public Health.

Action	Date(s)	Outcome/Comment (i.e. was this successful)
Phone calls		
Letters (including registered letters)		
Text messages		
Home visit (e.g. by WSHS health advisor)		
Support from other agencies (as appropriate)	Date(s)	Outcome/Comment (i.e. was this successful)
<ul style="list-style-type: none"> <li>Youth Health Service</li> </ul>		
<ul style="list-style-type: none"> <li>General Practice</li> </ul>		
<ul style="list-style-type: none"> <li>Māori Health Provider</li> </ul>		
<ul style="list-style-type: none"> <li>Primary Health Organisation e.g. Whānau service, Māori or Pacific navigation service; financial support</li> </ul>		
Other (please provide details here)		

**6. Outline why you think the person has not/or is no longer responding to your attempts at contact.**

7. Outline any factors that may make accessing healthcare in general and/or your services difficult for this individual? Tick all that apply	
Drug/alcohol issues <input type="checkbox"/>	Lack of awareness of the seriousness of the disease <input type="checkbox"/>
Financial barriers eg lack of transport, inability to take time off work <input type="checkbox"/>	Language barriers (provide details below) <input type="checkbox"/>
Previous imprisonment <input type="checkbox"/>	Learning difficulties <input type="checkbox"/>
Fear or distrust of authorities/government agencies <input type="checkbox"/>	Mobility issues <input type="checkbox"/>
Mental health issues <input type="checkbox"/>	Cultural barriers <input type="checkbox"/>
Homeless <input type="checkbox"/>	Geographic isolation <input type="checkbox"/>
Recent history of domestic violence <input type="checkbox"/>	STI acquired through a sexual assault <input type="checkbox"/>
Any other issues ( <i>Please specify</i> )	
8. Have you informed the person that you are concerned about the risk they pose to others and that you may need to provide their name and contact details to the Medical Officer of Health?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, provide details here:	
9. Have you notified this case using the appropriate section C disease process?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please complete the notification process now. See 3D HealthPathways/Disease Notifications or <a href="https://surv.esr.cri.nz/public_health_surveillance/sti_surveillance.php">https://surv.esr.cri.nz/public_health_surveillance/sti_surveillance.php</a> for notification forms and web links.	

Notifying clinician:	
Surname:	First name:
Phone number:	Email:
Signature:	
Medical centre name (if applicable):	
Tick appropriate occupational group:	
<input type="checkbox"/> Sexual Health Physician	<input type="checkbox"/> ID Physician
<input type="checkbox"/> Midwife	<input type="checkbox"/> Obstetrician
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Nurse
	<input type="checkbox"/> GP/Family Planning Doctor

Section C Notifiable Diseases: RPH referral form. Updated 23 July 2019