14 February 2025

# List of diseases notifiable by health practitioners and laboratories to the Medical Officer of Health

## Diseases Notifiable in New Zealand (include suspected cases)\*

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| Notifiable Infectious Diseases Under the Health Act 1956 |
| *Section A – Infectious Diseases Notifiable to a Medical Officer of Health and Local Authority* |
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| Acute gastroenteritis \*\* | Campylobacteriosis |
| Cholera | Cryptosporidiosis |
| Giardiasis | Hepatitis A |
| Legionellosis | Listeriosis |
| Meningoencephalitis – primary amoebic | Salmonellosis |
| Shigellosis | Typhoid and paratyphoid fever |
| Yersiniosis |  |
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| *Section B – Infectious Diseases Notifiable to Medical Officer of Health* |
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| Anthrax | Arboviral diseases |
| Brucellosis | COVID-19 |
| Creutzfeldt-Jakob disease (CJD) and other spongiform encephalopathies | *Cronobacter* species |
| Diphtheria | Haemophilus influenzae b |
| Hepatitis B | Hepatitis C  |
| Hepatitis (viral) not otherwise specified | Hydatid disease |
| Highly Pathogenic Avian Influenza (including HPAI subtype H5N1) | Invasive group A streptococcal infection |
| Invasive pneumococcal disease | Leprosy |
| Leptospirosis | Malaria |
| Measles | Middle East Respiratory Syndrome (MERS) |
| Monkeypox (mpox) | Mumps |
| *Neisseria meningitidis* invasive disease | Non-seasonal influenza (capable of being transmitted between human beings) |
| Novel coronavirus capable of causing severe respiratory illness | Pertussis  |
| Plague  | Poliomyelitis  |
| Q fever  | Rabies and other lyssaviruses  |
| Rheumatic fever  | Rickettsial diseases  |
| Rubella  | Severe Acute Respiratory Syndrome (SARS) |
| Tetanus  | Tuberculosis (all forms) |
| Verotoxin-producing or Shiga toxin-producing *Escherichia coli*  | Viral haemorrhagic fevers |
| Yellow fever |  |
| *Section C- Infectious Diseases Notifiable to Medical Officer of Health without Identifying Information of Patient or Deceased Person*Acquired Immunodeficiency Syndrome (AIDS)Gonorrhoeal infectionHuman Immunodeficiency Virus (HIV) infectionSyphilis |  |
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| Diseases Notifiable to Medical Officer of Health (Other than Notifiable Infectious Diseases) |
| *Notifiable to the Medical Officer of Health* |
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| Cysticercosis |
| Decompression sickness |
| Lead absorption equal to or in excess of 0.24µ mol/l (5µg/dl)\*\*\* |
| Poisoning arising from chemical contamination of the environment |
| Taeniasis |
| Trichinosis |
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\* During times of increased incidence health 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 (for example, a food handler, an early childhood service worker) or single cases of chemical, bacterial, or toxic food poisoning such as botulism, toxic shellfish poisoning (any type) and disease caused by verotoxin or Shiga toxin- producing *Escherichia* *coli*.

\*\*\* Where occupational exposure is suspected, please also notify the agency responsible for workplace health and safety through the notifiable occupational diseases system.