



Fact Sheet *Public Health Act 2016 (WA)*

Part 9 Notifiable infectious diseases and related conditions

Understanding ‘reasonable precautions’

The *Public Health Act 2016* (the Act) came into effect in Western Australia on 25 July 2016, with Part 9 of the Act effective from 19 September 2017.

Within Part 9 of the Act, section 88 lists six principles which underpin the prevention and spread of notifiable infectious diseases and related conditions. In particular:

- Principle (2) states: ‘A person who is at risk of contracting a notifiable infectious disease must take all reasonable precautions to avoid contracting the disease.’
- Principle (4) states: ‘A person who has a notifiable infectious disease must take all reasonable precautions to ensure that others are not unknowingly placed at risk of contracting the disease.’

This fact sheet provides general information and guidance for the public on understanding ‘reasonable precautions’ to prevent the spread of the following notifiable sexually transmitted infections (STIs) and blood-borne viruses (BBVs)¹:

- chlamydia
- donovanosis
- gonorrhoea
- lymphogranuloma venereum
- syphilis
- human immunodeficiency virus (HIV)
- hepatitis B
- hepatitis C.

In all cases get tested and know your STI and BBV status, and discuss your personal circumstances with your medical practitioner.

It is not compulsory to disclose a STI or BBV status (as per the above list of STIs and BBVs) to a sexual partner, however a person who knows or suspects they may have a STI or BBV must take reasonable precautions to prevent the spread of the infection to their sexual and/or injecting partners.

The WA Department of Health considers ‘reasonable precautions’ to prevent transmission of the following STIs and BBVs by sexual contact and/or injecting drug use to include:

| Notifiable infectious disease | For a person who is at risk of contracting a notifiable infectious disease | For a person who has a notifiable infectious disease |
|---|---|--|
| Chlamydia, donovanosis, gonorrhoea, lymphogranuloma venereum, and syphilis | <ul style="list-style-type: none"> • use of barrier protection, such as condoms with lubricant and dams. | <ul style="list-style-type: none"> • completed treatment for bacterial STIs with successful resolution of symptoms or a negative test at follow-up; or • use of barrier protection, such as condoms with lubricant and dams. |

¹As listed in the Public Health Regulations 2017

https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_s49088.html

| Notifiable infectious disease | For a person who is at risk of contracting a notifiable infectious disease | For a person who has a notifiable infectious disease |
|-------------------------------|---|---|
| HIV | <ul style="list-style-type: none"> ■ use of barrier protection, such as condoms with lubricant; or ■ taking HIV pre-exposure prophylaxis (PrEP) as prescribed by their medical practitioner; and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. | <ul style="list-style-type: none"> ■ use of barrier protection, such as condoms with lubricant; or ■ having an undetectable HIV viral load (less than 200 copies/mL), usually resulting from being on effective treatment; or ■ seeking and receiving confirmation from a sexual partner that they are taking HIV pre-exposure prophylaxis (PrEP); and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. |
| Hepatitis B | <ul style="list-style-type: none"> ■ get immunised for hepatitis B; or ■ use of barrier protection, such as condoms with lubricant; or ■ seeking and receiving confirmation from a sexual partner that they are immune to hepatitis B (e.g. vaccinated or immunity from prior exposure as determined by a medical practitioner); and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. | <ul style="list-style-type: none"> ■ use of barrier protection, such as condoms with lubricant; or ■ seeking and receiving confirmation from a sexual partner that they are immune to hepatitis B (e.g. vaccinated or immunity from prior exposure as determined by a medical practitioner); and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. |
| Hepatitis C | <ul style="list-style-type: none"> ■ use of barrier protection such as condoms with lubricant during sexual practices which may involve any blood exposure; and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. | <ul style="list-style-type: none"> ■ use of barrier protection such as condoms with lubricant during sexual practices which may involve any blood exposure; or ■ completed an appropriate course of antiviral treatment with a sustained viral response confirmed 12 weeks after the conclusion of treatment with no further risk exposures; and ■ if injecting drugs, use of sterile needles and syringes along with other injecting equipment which must not be reused or shared with another person. |

NB: Healthcare workers

People with HIV, chronic hepatitis B or chronic hepatitis C who are health care workers may perform exposure prone procedures if they comply with the [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

Adapted from NSW Health – Changes to the Public Health Act – Preventing the spread of sexually transmissible infections

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