

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Notifiable Diseases - under the Public Health (Infectious Diseases) Regulations January 2010

Effective From: July 2010

Review Date: July 2013

1. Policy Scope

Health protection legislation in England has been updated to give public authorities modernised powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. This policy deals specifically with the new legislation in relation to notifications and how we propose to deal with this in the Newcastle upon Tyne Hospitals NHS Foundation Trust.

One of the main features of the legislation is to extend the long-standing requirement on registered medical practitioners (RMPs) to notify the proper officer of a local authority of individual cases of specified infectious diseases (notifiable diseases) by also requiring them to notify cases of other infections or of contamination which they believe present, or could present, a significant risk to human health.

2. Notification duties of registered medical practitioners

RMPs attending a patient are required to notify the proper officer of the local authority in which the patient resides when they have “reasonable grounds for suspecting” that the patient:

- has a notifiable disease as listed in Schedule 1 of the Notification Regulations;
or
- has an infection not included in Schedule 1 which in the view of the RMP presents, or could present, significant harm to human health (e.g. emerging or new infections);
or
- is contaminated (such as with chemicals or radiation) in a manner which, in the view of the doctor presents, or could present, significant harm to human health;
or
- has died with, but not necessarily because of, a notifiable disease, or other infectious disease or contamination that presents or could present, or that presented or could have presented significant harm to human health.

Notification of cases of infection not included in Schedule 1 and of contamination are expected to be exceptional occurrences.

RMPs should not wait for laboratory confirmation or results of other investigations in order to notify a case. This will ensure prompt notification so that health protection interventions and control measures can be initiated as soon as possible.

Please note that RMPs should familiarise themselves with this list notifiable diseases (see Appendix 2). Similarly, RMPs should familiarise themselves with this reporting form also (see Appendix 1).

3. Notification Process

All notifications should be sent to the proper officer via the Health Protection Agency (HPA) North East. Appendix 1 shows the notification form which should be used for all notifications – **the old notification books should no longer be used and any spare or remaining books should be returned to the local authority. This can also be arranged via your local Infection Prevention and Control Nurse.**

Notifications can be returned to the HPA office by email, fax or post. Urgent notifications should be telephoned. The notification form can be found on the intranet or by clicking this [link](#). **Emails must be sent via NHS.net only and not from NUTH email accounts to preserve confidential information and comply with the Data Protection Act. Should staff need to create a new NHS.net email account; this can be done via the Servicedesk on 21000. All emails sent via NHS net will be secure and therefore do not require to be encrypted.** As there are often time limited public health interventions which can be carried out in response to a notification, electronic notifications are preferred.

Appendix 2 includes a list of notifiable diseases and a guide to what should be regarded as urgent for reporting. Please note this table is only for guidance and each case should be considered individually. Any telephoned notification should be followed up within three days by a written notification.

Please note that the new notification regulations do not impact on any existing reporting schemes such as Enhanced Surveillance (e.g. for TB cases) – these schemes should continue to be reported on as normal.

4. References:

Practical guidance on the new law and copies of the actual Regulations are available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114510

HEALTH PROTECTION (NOTIFICATION) REGULATIONS 2010
NOTIFICATION TO THE PROPER OFFICER OF THE LOCAL AUTHORITY

Registered Medical Practitioner reporting the case	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Has the case been vaccinated against this disease (if relevant)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give dates of vaccination
Index case details	
First name	
Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB	
Ethnicity	
NHS number	
Home address	
Home post code	
Current residence <i>if not home address</i>	
Current residence post code	
Patient contact number	
Occupation (if relevant) e.g. Foodhandler, health care worker	
Work/education/nursery address (if relevant)	
Work/education/nursery post code	
Work/education/nursery contact number	
Overseas travel, if relevant (destinations & dates)	

Please return to the Proper Officer, Health Protection Agency North East:

Email: nenotifications@nhs.net (preferred option) **MUST be sent via NHS.net and NOT from NUTH email accounts**

Telephone: 0191 202 3888 Fax: 0191 202 2277
 HPA North East, Floor 2, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4WH

Notifiable diseases, with explanatory notes and guidance on the need for urgent notification

NB: This table is only for guidance and each case should be considered individually.

Notifiable diseases	Definition / comment	Likely to be urgent?
Acute encephalitis		No
Acute meningitis	Viral and bacterial.	Yes, if suspected bacterial infection.
Acute poliomyelitis		Yes
Acute infectious hepatitis	Close contacts of acute hepatitis A and hepatitis B cases need rapid prophylaxis. Urgent notification will facilitate prompt laboratory testing. Hepatitis C cases known to be acute need to be followed up rapidly as this may signify recent transmission from a source that could be controlled.	Yes
Anthrax		Yes
Botulism		Yes
Brucellosis		No – unless thought to be UK-acquired
Cholera		Yes
Diphtheria		Yes
Enteric fever (typhoid or paratyphoid fever)	Clinical diagnosis of a case before microbiological confirmation (e.g. case with fever, constipation, rose spots and travel history) would be an appropriate trigger for initial public health measures, such as exclusion of cases and contacts in high risk groups (e.g. food handlers).	Yes
Food poisoning	Any disease of infectious or toxic nature caused by, or thought to be caused by consumption of food or water (definition of the Advisory Committee on the Microbiological Safety of Food).	Clusters and outbreaks, yes. For specific organisms see Table 2.
Haemolytic uraemic syndrome (HUS)		Yes
Infectious bloody diarrhoea	See also HUS in Schedule 1 and VTEC in Schedule 2.	Yes
Invasive group A streptococcal disease and scarlet fever		Yes, if IGAS. No, if scarlet fever
Legionnaires' Disease		Yes,
Leprosy		No
Malaria		No, unless thought to be UK-acquired

Notifiable diseases	Definition / comment	Likely to be urgent?
Measles		Yes
Meningococcal septicaemia		Yes
Mumps	Post-exposure immunization (MMR or HNIG) does not provide protection for contacts.	No
Plague		Yes
Rabies	A person bitten by a suspected rabid animal should be reported and managed urgently, but if a patient is diagnosed with symptoms of rabies, they will not pose a risk to human health.	Yes
Rubella	Post-exposure immunisation (MMR or HNIG) does not provide protection for contacts.	No
SARS		Yes
Smallpox		Yes
Tetanus		No, unless associated with injecting drug use
Tuberculosis		No, unless healthcare worker or suspected cluster or multi drug resistance
Typhus		No
Viral haemorrhagic fever (VHF)		Yes
Whooping cough		Yes, if diagnosed during acute phase
Yellow fever		No, unless thought to be UK-acquired

NB: RMPs are also required to notify suspected cases of other infections (“other relevant infection”) or contamination (“relevant contamination”) that present, or could present, significant harm to human health

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Notifiable Diseases - under the Public Health (Infectious Diseases) Regulations January 2010	Policy Author:	Dr N Premchand
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d)	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable):
	N/A

Name and Designation of Person responsible for completion of this form: Dr N Premchand Date: 26/10/10

Names & Designations of those involved in the impact assessment screening process: Dr A Gascoigne

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.