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Review Date: April 2024

Review Lead: Lead Infection Prevention & Control Nurse



Calderdale and Huddersfield
NHS Foundation Trust

Section B - Notifiable Diseases Policy

Version 9.1

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Document Summary Table		
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Committee Name	Committee Chair	Date
Infection Prevention & Control Committee	Consultant Microbiologist / Infection Prevention & Control Doctor	April 2021
Other Stakeholders Consulted		
Does this document map to other Regulator requirements?		
<i>Regulator details</i>	<i>Regulator standards/numbers etc</i>	
Document Version Control		
Version 9.1	A hyperlink to the online notification form has been added	
Version 9	An updated generic 'Notification of Infectious Diseases' form has been include (Appendix 1)	
Version 8	An updated 'Notification of Infectious Diseases' form for Kirklees has been included (p.7)	
Version 7	The policy has been reviewed and the Trust Equality Statement has been updated.	
Version 6	The document has been reviewed and updated	
Version 5	<p>The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format and the content of which includes a minimum set of criteria which include:</p> <ul style="list-style-type: none"> ▪ the training requirements for implementation ▪ monitoring arrangements for the document ▪ Equality Impact of the document <p>In addition, the monitoring arrangements for this document have been included.</p>	

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1. Introduction

‘Notification of infectious diseases’ is the term used to refer to the statutory duties for reporting notifiable diseases in the [Public Health \(Control of Disease\) Act 1984](#) and the [Health Protection \(Notification\) Regulations 2010](#).

Public Health England (PHE) aims to detect possible outbreaks of disease and epidemics as rapidly as possible. Accuracy of diagnosis is secondary, and since 1968 clinical suspicion of a notifiable infection is all that’s required. Registered medical practitioners (RMPs) have a statutory duty to notify PHE of suspected cases of certain infectious diseases.

2. Purpose

The purpose of the policy is to ensure all staff understand and complete the process required for the notification of communicable diseases. RMPs need to understand that timely notification is a key step towards protection of the public health because it can initiate urgent protective action.

3. Definitions

PHE – Public Health England

RMP – Registered Medical Practitioner

4. Duties

The Chief Executive is responsible for ensuring that there are effective infection control arrangements in the Trust.

5. Notification duties of Registered Medical Practitioners (RMPs)

RMPs attending a patient have a statutory duty to notify the ‘proper officer’ of their local Public Health England Centre of suspected cases of certain infectious diseases.

Complete a Notification Form (Appendix 1):

<https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners> immediately on diagnosis of a suspected notifiable disease or in other determined circumstances (refer to notifiable disease list in appendix 1). RMPs should **not** wait for laboratory confirmation or results of other investigations in order to notify a case.

Send the form to the Proper Officer within 3 days, or notify them verbally within 24 hours if the case is urgent:

**Public Health England, Yorkshire & The Humber, Blenheim House, West One,
Duncombe Street, Leeds LS1 4PL**

Telephone: 0113 386 0300 **Out of hours:** 0114 3049843 (17.00hr – 09.00hrs
Mon to Friday & weekends)

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Good practice would be to advise the patient that a Notification has been sent. and will be treated in confidence, although they may be subsequently contacted by a member of PHE if further information is required.

6. Training and Implementation

Training for medical staff will be carried out by the Infection Prevention & Control team during the Trust induction process.

7. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the “One Culture of Care” approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

8. Monitoring Compliance with this Procedural Document

Compliance with the policy will be monitored through Public Health England (PHE) as an ongoing process.

9. Reference/Associated Documents

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#registered-medical-practitioners-report-notifiable-diseases>

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APPENDIX 1

Notification of Diseases (Confidential)

Registered medical practitioner notification form template

<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i>	
Registered Medical Practitioner reporting the disease	
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)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence (if not home)	
Post code	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destinations & dates)	

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Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.

Notification duties of Registered Medical Practitioners (RMPs)

RMPs attending a patient **must** notify 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 (see below) 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 RMP 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.

Note RMPs should **not** wait for laboratory confirmation or results of other investigations in order to notify a case.

Schedule 1 Diseases

Acute encephalitis	Measles *
Acute meningitis *	Meningococcal septicaemia *
Acute poliomyelitis *	Mumps
Acute infectious hepatitis *	Plague
Anthrax *	Rabies *
Botulism *	Rubella
Brucellosis	SARs *
Cholera*	Smallpox *
Diphtheria*	Tetanus
Enteric fever (typhoid or paratyphoid fever)*	Tuberculosis
Food poisoning	Typhus
Haemolytic uraemic syndrome (HUS) *	Viral haemorrhagic fever (VHF) *
Infectious bloody diarrhoea	Whooping cough
Invasive group A streptococcal disease * and scarlet fever	
Legionnaires' Disease*	Yellow fever
Leprosy	
Malaria	

N.B.

Diseases marked with an asterisks (*) should be notified urgently. Urgent notification should be telephoned to the Proper Officer within 24 hours – please refer to Department of Health Protection Legislation (England) Guidance 2010.

<https://www.gov.uk/government/organisations/public-health-england>