

## Document Control

<b>Title</b>			
<b>Notifiable Diseases in England and Wales and Mandatory Reporting Policy</b>			
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1.1	October 2008	Revision	Placed into new format and submitted to Infection Prevention & Control Committee 28.10.08.
1.2	October 2008	Revision	Final amends to ensure corporate identity requirements.
1.3	Dec 2009	Revision	Review dated extended by 12 months as agreed at Infection Control Team meeting on 17 December 2009. Minor amends to document control report, and hyperlinks added for appendices.
1.4	Apr 2012	Revision	One year review date extension approved by Infection Prevention and Control Committee on 3rd April to allow updating.
2.0	June 2013	Revision	Harmonisation
2.1	Jan 2014	Revision	Addition of GP responsibility and clarification of how to access notification form
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2.3	Jan 2017	Revision	New template. Contact information revised
2.4	Nov 2019	Revision	Minor amendments
3.0	Nov 2019	Final	Approved at IPDG meeting 26.11.19
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<b>Superseded Documents</b>			
Notifiable Diseases in England and Wales Policy			
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November 2019		November 2022	Three years

<p><b>Consulted with the following stakeholders:</b></p> <ul style="list-style-type: none"> <li>• Infection Prevention &amp; Decontamination Group</li> <li>• Public Health England</li> </ul>	
<p><b>Approval and Review Process</b></p> <ul style="list-style-type: none"> <li>• Infection Prevention &amp; Decontamination Group</li> </ul>	
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## 1. Purpose

This document sets out Northern Devon Healthcare NHS Trust's system for informing the proper officer at Public Health England of cases of notifiable diseases. It provides a robust framework to ensure a consistent approach across the Trust. This proper officer is the Consultant in Communicable Disease Control (CCDC).

The purpose of this document is to provide a list of notifiable diseases and a contact point for making a notification.

The policy applies to all staff

Implementation of this policy will ensure that the CCDC at Public Health England will be informed of any and all notifiable diseases reported in Northern Devon Healthcare Trust.

## 2. Definitions

Nil

## 3. Responsibilities

### 3.1 Role of the Chief Nurse

The Chief Nurse is responsible for:

Acting as a second point of contact to support

Ensuring that a replacement main contact is identified should the original author be re-deployed or leave the organisation

### 3.2 Ward/ Departmental Managers

Responsibility for implementation of this policy lies with the Senior Nurse (usually Ward Sister) or Departmental Manager in Charge of the areas to which these statements apply unless specifically stated otherwise in the text.

### 3.3 Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for providing support to managers in the implementation of this policy

### 3.4 Medical Staff

It is the responsibility of the medical team caring for a patient with a notifiable disease to make the notification to the CCDC at Public Health England.

In the community setting it is the G.P.'s responsibility

### 3.5 The Infection Prevention and Decontamination Group

Monitoring compliance with the policy

Ensuring that the policy is approved after review and prior to publishing

## 4. Contacting the Infection Prevention and Control Team

The Infection Prevention and Control Team can be contacted in hours on 01271 322680 (ext 2680 internal at North Devon District Hospital), via bleep 011 or out of hours by contacting the on-call Medical Microbiologist via North Devon District Hospital switchboard.

## 5. Notifiable Diseases

### 5.1 General Principles

A doctor who suspects a patient is suffering from one of the following diseases must notify the Consultant in Communicable Diseases Control, Tel: 0300 303 8162 Option 1, and complete Notification Form – see Appendix A.

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia

- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

These and other diseases that may present significant risk to human health may be reported under 'Other' significant disease category.

(See [Notifiable diseases poster](#) for further information)

AIDS is **not** a notifiable disease. However, advice on reporting is obtainable from the CCDC or genito-urinary physicians.

## 5.2 Notification Procedure

Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council or local health protection team (HPT) of suspected cases of certain infectious diseases. Complete a [notification form](#) immediately on diagnosis of a suspected notifiable disease. Don't wait for laboratory confirmation of a suspected infection or contamination before notification. Consult the [PHE Notifiable Diseases poster](#) (PDF, 1020KB, 1 page) for further information. Send the form to the proper officer within 3 days, or notify them verbally within 24 hours if the case is urgent by phone, letter or encrypted email .

All Registered Medical Practitioners must pass the entire notification to PHE within 3 days of a case being notified or within 24 hours by telephone for urgent cases: The following need telephone referral:

- Invasive Meningococcal disease
- Hepatitis A
- Acute Hepatitis B
- Measles
- Suspected outbreaks of disease with Public Health impact / significance
- Haemolytic uraemic syndrome (HUS)
- Exotic and serious infections (Smallpox, anthrax etc.).

(See [Notifiable diseases poster](#) for further information)

Most notifications are 'Information for Action', meaning that actions need to be taken by the Consultant in Health Protection CCDC

(Consultant in Communicable Diseases Control) and Public Health England team. If the action needs to be completed in a short time period then notification by phone is required (Tel: 0300 303 8162 Option 1) in working hours. If out of hours, contact North Devon District Hospital switchboard and ask for on-call Health Protection.

Other notifications not listed above can be done in writing using the Notification of Infectious Disease form in Appendix A.

### 5.3 Mandatory / External Reporting of HCAI

All cases of MRSA bacteraemia, MSSA bacteraemia, *E. coli* bacteraemia, *Klebsiella* bacteraemia, *Pseudomonas aeruginosa* bacteraemia and *Clostridium difficile* must be reported to Public Health England (via HCAI Data Capture System) as defined by Department of Health guidance. This will be done by 15<sup>th</sup> of each month.

The IPCT will respond to changes in mandatory reporting requirements.

## 6. Monitoring Compliance with and the Effectiveness of the Policy

### Standards/ Key Performance Indicators

#### 6.1 Key performance indicators comprise:

- Lock down of data by 15<sup>th</sup> of following month
- No errors in notification escalated from Public Health England

### Process for Implementation and Monitoring Compliance and Effectiveness

- 6.2 After final approval, the author will arrange for a copy of the policy to be placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the Chief Executive's Bulletin which is circulated electronically to all staff.

Line managers are responsible for ensuring this policy is implemented across their area of work.

Monitoring compliance with this policy will be the responsibility of the Infection Prevention and Control Team.

## 7. Equality Impact Assessment

The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

## 8. References

Department of Health (2006) **Promoting Equality and Human Rights in the NHS - A Guide for Non-Executive Directors of NHS Boards**

Department of Health (2010). **Equality Act 2010. (Updated June 2015)**

<https://www.gov.uk/guidance/equality-act-2010-guidance> Accessed online 29/10/2019

Public Health England (2014) **Notifications of infectious diseases.**

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/> <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>



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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/820133/PHE\\_Notifiable\\_diseases\\_poster\\_HPT.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820133/PHE_Notifiable_diseases_poster_HPT.pdf) Department of Health (2008). The Health and Social Care Act 2008. Health and Social Care Act 2008: code of practice on the prevention and control of infection. Updated July 2015. Department of Health. London

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

Commonwealth Secretariat (2017). The Protection Policy Toolkit, Health as an Essential Component of Global Security. 2<sup>nd</sup> Edition.  
<https://www.thecommonwealth-healthhub.net/wp-content/uploads/2017/05/HPTToolkitwordversionEd2-CHMM-2017.pdf>9.

## 9. Associated Documentation

Surveillance and Reporting Policy

## Appendix A



Public Health  
England

### SCHEDULE 2 – Notification Form

<b>Registered medical practitioner notification form</b>
<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i>
<b>Registered Medical Practitioner reporting the case</b>
Name
Address
Post Code:
Contact number:
Date of notification:
<b>Notifiable disease</b>
Disease, infection or contamination
Date of onset of symptoms
Date of diagnosis
Date of death (if patient died)
<b>Index case details</b>
First name
Surname
Gender (M/F)
DOB
Ethnicity
NHS number
Home address
Post code
Current residence if not home address
Post code
Contact number
Occupation (if relevant)
Work / education address (if relevant)
Post code
Contact number
Overseas travel (if relevant) please specify destination(s) and date(s)

**Please send completed form (preferably by fax) to:  
(Urgent notifications should be telephoned)**

Devon Cornwall, Dorset and Somerset PHE Centre (DCS PHEC)

Follaton House,

Plymouth Road,

Totnes,

Devon

Tel: 0300 303 8162 Option 1, then Option 1

Fax: 01392 367356