

# Notifying Suspected or Known Infectious Diseases UHL Policy

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## Contents

Section		Page
1	Introduction and Overview	3
2	Policy Scope – Who the Policy applies to and any specific exemptions	3
3	Definitions and Abbreviations	3
4	Roles- Who Does What	4
5	Policy Implementation and Associated Documents-What needs to be done?	4
6	Education and Training	6
7	Process for Monitoring Compliance	7
8	Equality Impact Assessment	7
9	Supporting References, Evidence Base and Related Policies	7
10	Process for Version Control, Document Archiving and Review	7

Appendices		Page
1	<a href="#">Notification of Infectious Diseases (Registered Medical Practitioner) template Confidential Certificate</a>	8
2	<a href="#">List of notifiable organisms and diseases</a>	9

### **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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Contact details and telephone numbers of UK Health Security Agency (UKHSA, formerly Public Health England) updated, content reviewed and appendix 2 changed and appendix 3 removed. Added reference for Managing Increased Incidence and Outbreaks of Infection in Hospitals Policy.

### **KEY WORDS**

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Suspected Infections, Public Health, UKHSA, Known Infection, reporting, reportable Infection, Notifiable Infection, Infectious disease, Nosocomial Infection

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for Notifying of patients with a suspected or known notifiable infectious disease to UK Health Security Agency (UKHSA, formerly Public Health England). The following policy is intended to support staff through the notification process ([appendix 1](#)), when an infectious disease is suspected or known.
- 1.2 Certain infectious diseases are notifiable in order to:
- Aid the early identification of contagious illness and the rapid implementation of public health control measures
  - Monitor the effectiveness of control measures
- 1.3 If a Registered Medical Practitioner becomes aware of, or suspects that a person is suffering from any of the listed notifiable diseases they have a statutory duty to report it.
- 1.4 The Policy will list notifiable diseases that are required to be reported to the East Midlands Health Protection Team (UKHSA). The policy will define the responsibilities of UHL/Alliance and Renal Satellite Units when suspecting or when diagnosis is confirmed.

## 2 POLICY SCOPE

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- 2.1. This Policy applies to all Registered Medical Practitioners who work within UHL. (Health Protection 2010).
- 2.2. The policy relates to all patients who are under the care of a Registered Medical Practitioners within UHL, the Alliance and the renal dialysis satellite units.

## 3 DEFINITIONS AND ABBREVIATIONS

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RMP (Registered Medical Practitioner) – A Doctor is anyone listed on the General Medical Council medical register with a license to practice.

UKHSA: UK Health Security Agency formerly Public Health England.

## 4 ROLES – WHO DOES WHAT

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### 4.1. Registered Medical Practitioners

- 4.1.1. Registered Medical Practitioners (RMP) attending a patient are required to notify the proper officer of the relevant local authority or the local UKHSA health protection team when they have “reasonable grounds for suspecting” that the patient:

has a notifiable disease as listed in [appendix 2](#); or

has an infection not included in [appendix 2](#) but 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 (refer to Emergency Preparedness, Resilience and Response policy);
- 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.

4.1.2. The notification may be written or if urgent by telephone and should be made to the proper officer of the relevant local authority or the local UKHSA health protection team for the region where the patient lives. A list of local health protection units is available from:

[Find your local health protection team in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

4.1.3. 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.

## **4.2. Infection Prevention Team**

4.2.1. The infection prevention team will ensure that this policy is maintained up to date. In addition they will provide advice on the infection prevention management of patients known or suspected as having one of these diseases. They will notify the ward of any new cases and highlight the need for the RMP responsible for the patients care to report this to the local Health Protection Team (UKHSA).

## **4.3. Microbiology department**

4.3.1. Diagnostic laboratories now have a duty to notify the local Health Protection Team (UKHSA) when they identify specified causative agents that are listed in [appendix 2](#)

4.3.2. Identification of a causative agent includes:

direct identification of organisms – such as by direct microscopy, culture, or detection of nucleic acids or antigens, or

finding other evidence of infection by that agent – such as an antibody response to the agent or histological findings that are considered diagnostic of a specific agent.

4.3.3. The medical microbiologists will provide advice on appropriate antibiotic management of the patient or causative agent. Out of hours infection prevention advice will be provided by the on call microbiologist.

## **4.4. Executive Lead**

4.4.1. The executive lead is the Chief Nurse in their capacity as Director of Infection Prevention (DIPAC).

## 5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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### 5.1. Process for Notifying Suspected or Known Infectious Diseases

- 5.1.1. The RMP who suspects or knows that a patient is suffering from one of the infectious diseases listed must notify the 'proper officer' at their local council or local health protection team (HPT).
- 5.1.2. Notifications must be made at the time of clinical suspicion or clinical diagnosis and ARE NOT DEPENDENT on laboratory confirmation.
- 5.1.3. On diagnosis, 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, encrypted email or secure fax machine ([appendix 1](#)).

- The following details must be completed:

- first name
- surname
- date of birth
- gender
- postcode
- contact telephone number (preferably mobile)
- contact email
- ethnicity
- sample taken date
- sample number
- sample type
- test method (for example PCR)
- result (such as COVID-19 +ve/-ve)
- result date
- name of laboratory
- Other - please detail if other fields are available. If relevant, the date of admission to hospital, whether it is suspected that the infection was hospital-acquired, and community acquired or acquired as a result of travel abroad.

- 5.1.4. Written notifications must be sent to:

UK East Midlands Health Protection Team

Seaton House City Link,

Nottingham

NG2 4LA

Email: [emhpt@ukhsa.gov.uk](mailto:emhpt@ukhsa.gov.uk)

Email for personal identifiable information (PII): [phe.emhpt@nhs.net](mailto:phe.emhpt@nhs.net)

Telephone: 0344 225 4524 (option 1)

Out of hour's advice: 0344 2254 524

## 5.2. Statutory Notifiable Diseases

- 5.2.1. Under the Health Protection (Notification) Regulations 2010 there is a requirement to notify suspected or known cases of certain infections and conditions. These can be found in [appendix 2](#).
- 5.2.2. As new infectious diseases continue to emerge there will be a requirement to notify any new diseases as cases are identified. A current example of this is suspected human cases of avian influenza. This notification should be immediately telephoned to UKHSA.
- 5.2.3. In addition to the statutory duty of notification to the UKHSA please also inform the Infection Prevention Team (IPT) via electronic notification.
- 5.2.4. If you require advice on the management of patients with known or suspected infection please contact the Infection Prevention Team on extension 15448. Out of hours contact the on call Microbiologist via the Duty Manager.

## 5.3. Notification of Outbreaks

- 5.3.1. An outbreak is defined as two or more associated cases of the same infectious disease that are related in time and place.
- 5.3.2. Prompt investigation and introduction of appropriate control measures depend on early communication between clinicians and those with a responsibility for the control of infection.
- 5.3.3. Refer to Managing Increased Incidence and Outbreaks of Infection in Hospitals Policy [B11/2006](#).

## 5.4. Notification of suspicion of association between cases

- 5.4.1. Notification should be on suspicion of any association between cases and should be to the Consultant in Communicable Disease Control at UKHSA. Telephone notifications are essential when dealing with certain diseases as these may require urgent action by the CCDC to prevent the spread of infectious disease. These should be followed up with written notification.
- 5.4.2. The Consultant in Communicable Disease Control is the medical advisor to the Local Authorities and as such has a statutory duty for control of infectious disease in the hospital and the community. These responsibilities are defined in the Department of Health circular EL (91)123

## 6 EDUCATION AND TRAINING REQUIREMENTS

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- 6.1. Education on the principles and practices for reporting of suspected and known notifiable diseases is conducted during training in the medical school. The Registered Medical Practitioner is then responsible for reporting these diseases after training.
- 6.2. The Infection Prevention Team will notify the ward of any new cases and highlight the need for the medical practitioner responsible for the patients care to reporting this to the local Health Protection Team (UKHSA).

## 7 PROCESS FOR MONITORING COMPLIANCE

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Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Suspected or Known Infectious diseases	UKHSA	Laboratory data and appendix 1 Notification Certificate	As required	Reported from UKHSA to the Infection Prevention Team when there is a failure to inform UKHSA by the Registered Medical Practitioner

## 8 EQUALITY IMPACT ASSESSMENT

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If the policy will have any impact on equality, this should be described here. Otherwise the statements below should be inserted (see section 6.6 of the UHL Policy for Policies for more detail):

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

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Health Protection (Notification) Regulations (2010)

<http://www.legislation.gov.uk/ukxi/2010/659/contents/made>

Health Protection Legislation (England) Guidance (2010) Department of Health, London  
Public Health (Control of Disease) Act 1984

Public Health (Infectious Diseases) Regulations 1988 Health (Infectious Diseases) Regulations 2001

[Viral Haemorrhagic Policy B25/2015](#)

[Emergency Preparedness, Resilience and Response \(EPRR\) Policy](#)

Managing Increased Incidence and Outbreaks of Infection in Hospitals Policy [B11/2006](#)

## 10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

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This document will be uploaded onto the UHL Policies & Guidelines Library and available for access by Staff through INsite. It will be stored and archived through this system. The policy will be reviewed in January 2027 unless there is direct legislation or evidence that decrees earlier review.

**APPENDIX 1: NOTIFICATION OF INFECTIOUS DISEASES (REGISTERED MEDICAL PRACTITIONER) TEMPLATE CONFIDENTIAL CERTIFICATE [\(CLICK HERE FOR FORM\)](#)**

Registered medical practitioner notification form template

<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority.</i>	
<b>Registered Medical Practitioner reporting the disease</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 (Destinations & dates)	

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

[Back to Contents](#)



## APPENDIX 2: LIST OF NOTIFIABLE ORGANISMS AND DISEASES

Causative agents notifiable to UKHSA under the Health Protection (Notification) Regulations 2010:

- Bacillus anthracis
- Bacillus cereus (only if associated with food poisoning)
- Bordetella pertussis
- Borrelia spp
- Brucella spp
- Burkholderia mallei
- Burkholderia pseudomallei
- Campylobacter spp
- Carbapenemase-producing Gram-negative bacteria
- Chikungunya virus
- Chlamydomphila psittaci
- Clostridium botulinum
- Clostridium perfringens (only if associated with food poisoning)
- Clostridium tetani
- Corynebacterium diphtheriae
- Corynebacterium ulcerans
- Coxiella burnetii
- Crimean-Congo haemorrhagic fever virus
- Cryptosporidium spp
- Dengue virus
- Ebola virus
- Entamoeba histolytica
- Francisella tularensis
- Giardia lamblia
- Guanarito virus
- Haemophilus influenzae (invasive)
- Hanta virus
- Hepatitis A, B, C, delta, and E viruses
- Influenza virus
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Legionella spp
- Leptospira interrogans
- Listeria monocytogenes
- Machupo virus
- Marburg virus
- Measles virus
- Monkeypox virus
- Mumps virus
- Mycobacterium tuberculosis complex
- Neisseria meningitidis
- Omsk haemorrhagic fever virus
- Plasmodium falciparum, vivax, ovale, malariae, knowlesi
- Polio virus (wild or vaccine types)
- Rabies virus (classical rabies and rabies-related lyssaviruses)
- Rickettsia spp
- Rift Valley fever virus
- Rubella virus
- Sabia virus
- Salmonella spp
- SARS-CoV-2
- Shigella spp
- Streptococcus pneumoniae (invasive)
- Varicella zoster virus
- Variola virus
- Verocytotoxigenic Escherichia coli (including E.coli O157)
- Vibrio cholerae
- West Nile Virus
- Yellow fever virus
- Yersinia pestis

[Back to contents](#)

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
- COVID-19
- 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
- Monkeypox
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever