

Statutory notification by registered medical practitioners* of all hazards: infections, chemicals and radiation

www.hpa.org.uk



Please send all written notifications to:

Forms are available from:

For URGENT Cases:

please contact your local Health Protection Unit by phone on:

WHAT TO NOTIFY - in a patient you are attending or a person who is deceased

- Any notifiable disease
- Any infection which presents, could present or could have presented significant harm to human health
- Any contamination (e.g. chemical or radiological) which presents, could present or could have presented significant harm to human health

NOTIFICATIONS SHOULD BE MADE ON THE BASIS OF CLINICAL SUSPICION. LABORATORY CONFIRMATION IS NOT A PRE-REQUISITE

DETAILS REQUIRED

- Name
- Contact details of case (or parent if minor): home address, current address and **telephone number**
- D.O.B./ Gender/ Ethnicity
- NHS number
- GP
- Diagnosis
- If relevant, details of occupation, place of work or education/overseas travel*
- Details of person making the notification

WHEN TO NOTIFY - deciding how urgent it is

FACTORS TO CONSIDER:

- 1 The nature of the suspected disease, infection or contamination
- 2 The ease of spread of that disease, infection or contamination
- 3 The ways in which the spread of the disease, infection or contamination can be prevented or controlled
- 4 The patient's circumstances (including age, sex and occupation)

HOW TO NOTIFY

All URGENT cases should be reported, **by PHONE, within 24 hours** as there is often a **CRITICAL WINDOW OF TIME** within which effective public health control measures can be implemented. This should be followed up by a written notification within 3 days.

ROUTINE cases should be notified in writing within 3 days.

WHAT HAPPENS WHEN YOU MAKE A NOTIFICATION

We will undertake a timely JOINT RISK ASSESSMENT. Factors that will be considered include:

- Details of significant contacts who might have been exposed
- Vaccination history
- Epidemiologically linked cases
- Factors that may make contacts more vulnerable
- Potential source of infection/ contamination
- Wider public health context

We will provide PUBLIC HEALTH ADVICE on control measures. This may include advice on:

- Isolation; exclusion and decontamination
- Further laboratory testing
- Post-exposure prophylaxis or immunisation
- Other control measures

Disease	Whether likely to be Routine or Urgent
Acute encephalitis	Routine
Acute meningitis	Urgent if suspected bacterial infection, otherwise routine
Acute poliomyelitis	Urgent
Acute infectious hepatitis (A,B,C)	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine; urgent if UK acquired
Cholera	Urgent
Diphtheria	Urgent
Enteric fever (typhoid/ paratyphoid)	Urgent
Food poisoning	Routine; urgent, if as part of a cluster or outbreak
Haemolytic Uraemic Syndrome	Urgent
Infectious bloody diarrhoea	Urgent
Invasive group A streptococcal disease	Urgent
Scarlet fever	Routine
Legionnaire's disease	Urgent
Leprosy	Routine
Malaria	Routine; urgent if UK acquired
Measles	Urgent
Meningococcal septicaemia	Urgent
Mumps	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
SARS	Urgent
Smallpox	Urgent
Tetanus	Routine; urgent if associated with injecting drug use
Tuberculosis	Routine; urgent if healthcare worker or suspected cluster or multi drug resistant
Typhus	Routine
Viral haemorrhagic fever	Urgent
Whooping cough	Urgent if diagnosed in acute phase; routine if later diagnosis
Yellow fever	Routine; urgent if UK acquired

ALL OTHER HAZARDS: Cases with potential public health implications - To be notified URGENTLY

- 1 Chemical exposure e.g. Carbon monoxide, lead, mercury
- 2 Radiation exposure
- 3 New and emerging infections (e.g. new strains of influenza)
- 4 Cases that occur as part of an outbreak/ cluster e.g. clostridium difficile, norovirus)
- 5 Other infections where vulnerable contacts are at risk:
e.g. infection in a healthcare worker, varicella zoster exposure in pregnant or immunocompromised people

* A Registered Medical Practitioner is a medical doctor registered with the GMC, with a license to practice in the UK. For Registered Medical Practitioners, statutory notification is a legal duty; however, it is good practice for all clinical staff

This list is not exhaustive. If in doubt please telephone your local HPU