

NOTIFIABLE DISEASES POLICY

Version 13: September 2025

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1. INTRODUCTION

This guidance applies to all medical staff. Every NHS body under The Health Act 2006 must ensure *‘so far as is reasonably practicable, patients, staff and other persons are protected against infections.’*

Current guidance is detailed in:

The Health Protection (Notification) Regulations 2010

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

2. PURPOSE

The purpose of this policy and procedure is to ensure that staff understand the principles of formal notification.

3. SCOPE

This policy and procedure relates to all medical staff employed by East Coast Community Healthcare CIC.

4. DEFINITIONS *(if relevant)*

The following definitions are intended to provide a brief explanation of the various terms used within this policy.

Term	Definition
Policy	A policy is a formal written statement detailing an enforceable set of principles or rules. Policies set the boundaries within which we operate. They also reflect the philosophy of our organisation.

5. RESPONSIBILITIES

- **ECCH Employees** – Are responsible for the implementation of this policy and following the requirements of the policy.
- **Chief Executive of ECCH** – Overall responsibility for the enforcement of this policy lies with the Chief Executive of ECCH
- **IPACC** – Is responsible for approving this policy.

6. POLICY STATEMENT

This policy will be implemented to ensure adherence to safe practice and to conform with national statute.

7. PROCEDURE

Notification Procedures and contact details for the Proper Officer:

All notifications should continue to be made to UK Health Security Agency. The recommended form (Appendix 1) and list of notifiable diseases is attached below:

In addition, for urgent notification of matters of serious public health significance, the proper officers should be notified by telephone on a 24-hour basis. During office hours they can be contacted on 0300 303 8537 Outside office hours the proper officer can be reached via UKHSA on call rota, dialling in the same number. This should be followed by written notification within 3 days.

What to notify

Registered medical practitioners (RMPs) **attending** patients or the deceased are required to notify the proper officer of the local authority of

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

Please consult your local health protection team if you have any queries about whether to notify a case under these new regulations.

RMPs should not wait for laboratory confirmation of the suspected infection or contamination before notification. They must notify cases if they have reasonable clinical suspicion that their patient is suffering from a notifiable disease or other relevant infection or contamination.

When to notify (deciding how urgent it is)

Factors to consider.

- The nature of the suspected disease, infection or contamination.
- The ease of spread of that disease, infection or contamination.
- The ways in which the spread of that disease, infection or contamination can be prevented or controlled.
- The patients' circumstances (including age, sex and occupation)

Notifiable Diseases.

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

Disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute flaccid paralysis (AFP) or Acute flaccid myelitis (AFM)	Urgent
Acute infectious hepatitis (A, B, C)	Urgent
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine: urgent if UK acquired
Chickenpox (varicella)	Routine
Cholera	Urgent
Congenital syphilis	Routine
COVID-19	Routine
Creutzfeldt-Jakob disease (CJD)	Routine
Disseminated gonococcal infection (DGI)	Routine
Diphtheria	Urgent
Enteric fever (typhoid or paratyphoid)	Urgent
Food poisoning	Routine: urgent, if as part of a cluster or outbreak
Haemolytic Uraemic Syndrome (HUS)	Urgent
Infectious bloody diarrhoea	Urgent
Influenza of zoonotic origin	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaire's disease	Urgent
Leprosy	Routine
Malaria	Routine: urgent if UK acquired
Measles	Urgent
Meningococcal septicaemia	Urgent
Middle East respiratory syndrome (MERS)	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine
Neonatal herpes	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine

Severe Acute Respiratory Syndrom (SARS)	Urgent
Scarlet fever	Routine
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 (VHF)	Urgent
Whooping cough	Urgent if diagnosed in acute phase; routine if later diagnosis
Yellow fever	Routine: urgent if UK acquire

8. MONITORING AND REVIEW

This document will be reviewed by the Infection Prevention & Control Team, September 2027, or sooner if changes in legislation occur or new best practice evidence becomes available. It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy.

9. REFERENCES *(if relevant)*

<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> (Accessed 09/08/2023)

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report> (Accessed 09/08/2023)

[Notifiable diseases and how to report them - GOV.UK](#) (Accessed 21/08/2025)

10. AUTHOR

Infection Prevention & Control Team, September 2025

11. APPENDICES

1. Registered Medical Practitioner Notification Form Template

Equality & Diversity Impact Assessment

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- ☐ Are the aims of this policy clear?
- ☐ Are responsibilities clearly identified?
- ☐ Has the policy been reviewed to ascertain any potential discrimination?
- ☐ Are there any specific groups impacted upon?

- ☐ Is this impact positive or negative?
- ☐ Could any impact constitute unlawful discrimination?
- ☐ Are communication proposals adequate?
- ☐ Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

DOCUMENT CONTROL SHEET

Name of Document:	Notifiable Diseases Policy
Version:	13
File Location / Document Name:	ECCHO
Date Of This Version:	Version
Produced By (Designation):	Infection Prevention & Control Team
Reviewed By:	IPACC
Synopsis And Outcomes Of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes Of Equality and Diversity Impact Assessment:	No specific issues. National EIA gives more details on measures to reduce HCAs.
Ratified By (Committee):-	IPACC
Date Ratified:	September 2025
Distribute To:	Clinical Staff

Date Due For Review:	September 2027
Enquiries To:	infectionprevention@ecchcic.nhs.uk
Approved by Appropriate Group/Committee	<input type="checkbox"/> Date:
Approved by Policy Group	<input type="checkbox"/> Date:
Presented to IGC for information	<input type="checkbox"/> Date:

Version Control

Version Date	Version No.	Author/ Reviewer	Comments
Feb 2012	6	IPCT	Logo changed, HPU contact details changed
Dec 2013	7	IPCT	Equality & Diversity change of PHE contact details
Jan 2016	8	IPCT	
Nov 2017	9	IPCT	
Sept 2019	10	IPCT	
Sept 2021	11	IPCT	COVID-19 added to the list of notifiable diseases
Sept 2023	12	IPCT	Monkeypox added to the list of notifiable diseases, wording changed.
Sept 2025	13	IPCT	12 changes to the list of notifiable diseases, reference added

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 address	
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. EastofEnglandHPT@ukhsa.gov.uk – 0300 3038537