Leicestershire Partnership NHS Trust

Notifying Known or Suspected Infectious Diseases

Infection Prevention and Control Policy

This document provides organisation wide guidance when dealing with an infection or disease that is notifiable. It contains contact details of the monitoring bodies.

Key Words:	Notification, Infectious disease,	
Version:	6	
Adopted by:	Quality Assurance Committee	
Date adopted:	20 November 2018	
Name of Author:	Andy Knock	
Name of Responsible Committee:	Infection Prevention and Control Committee	
Date issued for Publication:	November 2018	
Review date:	July 2021	
Expiry date:	1February 2022	
Target audience:	All LPT staff	
Type of Policy:	Clinical ✓	Non Clinical
Which Relevant CQC Fundamental Standards?		

Contents

	Version Control and summary of changes		3
	Definitions that apply to this policy		4
1	Purpose of the policy		5
2	Summary and key points		5
3	Introduction		5
4	Notification of known or suspected infectious diseases		5
	4.1	Notification	5
	4.2	Statutory notifiable diseases under the Health Protection (Notification) Regulations 2010	7
	4.3	Notification of other relevant infections	8
	4.4	Notification of contamination	8
	4.5	Notification of diseases in patients who have died	9
	4.6	Notifications that have not been included in the list of notifiable diseases	9
	4.7	Notification of outbreaks	9
5	Training		10
6	References and associated documents		10
	Appendix 1: Form to report notifiable diseases		11
	Appendix 2: Privacy impact assessment screening		12
	Appendix 3: Stakeholder and contribution list		13

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1, Draft1	2005	New guideline as previous one adopted from acute trust Infection Control Policy for the Notification of Infectious Diseases
Version 2, Draft 1	November 09	Review of Policy by Amanda Howell
Version 3, Draft 1	December 09	Amendments following consultation process Revisions to incorporate requirements of NHSLA Standards
Version 3, Draft 2	January 10	Amendments following consultation process
Version 4 Draft 2	14 May 2010	Reviewed in line with new Department of Health guidance: Health Protection Legislation (England) Guidance 2010 and the Health Protection Unit
Version 4 Draft 2	29 July 2010	Approved at Clinical Governance Committee
Version 5	August 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 6	May 2018	Updated to include Public Health England details, reporting form and list of diseases.

For further information contact:

Infection Prevention and Control team 0116 2951668

Definitions that apply to this Policy

Consultant in Public Health	A consultant who is knowledgeable in Infectious Diseases
Creutzfeldt - Jakob disease (CJD)	A degenerative neurological disorder that is incurable and invariably fatal.
Disease	The pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterised by an identifiable group of signs or symptoms.
Public Health England	Organisation that works in the remit of communicable diseases.
Health protection professional	A person suitable qualified in the field of health protection and registered with an appropriate body such as the Faculty of Public Health, the Chartered Institute of Environmental Health and/or the Nursing and Midwifery Council or the General Medical Council.
Infection	An organism present at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.
Infectious	Caused by a pathogenic microorganism or agent that has the capability of causing infection.
Organisms	This is defined as any living thing, in medical terms we refer to bacteria and viruses as organisms.
Increased incidence/Outbreak	The occurrence of two or more cases of the same infection linked in time or place, or the situation when the observed number of cases exceeds the number expected.
PVL staphylococcus aureus	Panton Valentine Leukocidin -positive Staphylococcus aureus (PVL-SA) causes recurrent skin and soft tissue infections (SSTIs), but can also cause invasive infections
Registered Medical practitioner	A medical doctor – a fully registered person in the meaning of the Medical Act 1983 & holds a licence to practice under that Act.
Statutory requirement	"**Statutory** refers to laws passed by a state and/or central government, while **regulatory** refers to a rule issued by a **regulatory** body appointed by a state and/or central government." **Statutory requirements** are those **requirements** which are applicable by virtue of law enacted by the government.

1 Purpose of the policy

The purpose of this policy is to inform healthcare workers of the types of infections and diseases that are notifiable by law. This policy is for all staff employed by the Leicestershire Partnership Trust (LPT). This policy applies to all staff working in LPT.

2 Summary and key points

This document provides organisation-wide guidance for the notification of known or suspected infectious diseases. It contains specific information on diseases that are notifiable and the contact details of the monitoring bodies to whom these should be reported to.

3 Introduction

When individuals are in close and/or frequent contact with each other, infectious diseases can spread rapidly causing a risk of further disease in the wider population. These diseases can be mild, moderate and even fatal. Failing to notify the appropriate organisations and facilities that a disease is present in an individual or the wider population can prolong this risk. It is a statutory requirement for some diseases to be notifiable.

This document provides information to staff that may come into contact with patients or individuals as part of their work who are suffering from such an illness or disease.

The statutory requirement for the notification of certain infectious diseases came into being towards the end of the 19th century. The prime purpose of the notification system is to detect as quickly as possible outbreaks and epidemics, to enable proactive actions to prevent further spread. Accuracy of diagnosis is secondary and since 1968 clinical suspicion of a notifiable infection is all that is required. If a diagnosis later proves incorrect it can always be changed or cancelled. This information is collected by Public Health England who is responsible for collating the returns and publishing analyses of local and national trends.

4 Notification of Known or Suspected Infectious Diseases

4.1 Notification

Diseases are notifiable for four main reasons:

- It is a legal requirement
- So that immediate control measures may be taken
- To monitor preventative programmes
- To monitor the levels of infectious diseases in the community so that effective control measures can be taken

If a Registered Medical Practitioner (RMP) becomes aware of, or suspects that a person is suffering from any of the listed notifiable diseases (please refer to 5.2 - 5.6) they have a statutory duty to report it. The Local Authority is the statutory agency with the responsibility for the control of spread of communicable disease within their geographical boundaries. All notifiable infections should be notified to the Health protection professionals working with Public Health England or the Public Health specialist on call either by telephone or fax and followed up by written notification.

While the legislation states that it is the responsibility of the registered medical practitioner caring for the patient who is legally responsible for the notification, all clinical staff have a role to play in ensuring this happens.

Notifications should be made at the time of clinical diagnosis or clinical suspicion and **ARE NOT DEPENDANT** on laboratory confirmation

Contact details:

Written notifications should be sent to:

Public Health England (PHE) East Midlands Health Protection Team
Seaton House
City Link
Nottingham
NG2 4LA

Email: emhpt@phe.gov.uk

Telephone: 0344 225 4524 (Option 1)

Area's covered by PHE Health Protection East Midlands Team:
Leicestershire, Rutland. Lincolnshire, Nottinghamshire, Derbyshire.

Written notification may be undertaken by posting or faxing the details on a standard notification form (Appendix 1).

4.2 Statutory Notifiable Diseases under the Health Protection (Notification) Regulations 2010:

Health protection legislation in England has been updated from 6 April 2010 to give public authorities modernised powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. These regulations replace the existing system of notification of infectious diseases. A revised list of notifiable diseases (Schedule 1 of the regulations) is included in table 1.

Table 1: SCHEDULE 1 – Notifiable diseases		
Notifiable diseases	***Definition / comment***	***Likely to be urgent?***
Acute encephalitis		*No*
Acute meningitis	*Viral and bacterial.*	*Yes, if suspected bacterial infection.*
Acute poliomyelitis		*Yes*
Acute infectious hepatitis	*Close contacts of acute hepatitis A and hepatitis B cases need rapid prophylaxis. Urgent notification will facilitate prompt laboratory testing. Hepatitis C cases known to be acute need to be followed up rapidly as this may signify recent transmission from a source that could be controlled.*	*Yes*
Anthrax		*Yes*
Botulism		*Yes*
Brucellosis		*No – unless thought to be UK-acquired*
Cholera		*Yes*
Diphtheria		*Yes*
Enteric fever (typhoid or paratyphoid fever)	*Clinical diagnosis of a case before microbiological confirmation (e.g. case with fever, constipation, rose spots and travel history) would be an appropriate trigger for initial public health measures, such as exclusion of cases and contacts in high risk groups (e.g. food handlers).*	*Yes*
Food poisoning	*Any disease of infectious or toxic nature caused by, or thought to be caused by consumption of food or water (definition of the Advisory Committee on the Microbiological Safety of Food).*	*Clusters and outbreaks, yes.*
Haemolytic uraemic syndrome (HUS)		*Yes*
Infectious bloody diarrhoea		*Yes*
Invasive group A streptococcal disease and scarlet fever		*Yes, if IGAS. No, if scarlet fever*
Legionnaires' Disease		*Yes,*
Leprosy		*No*
Malaria		*No, unless thought to be UK-acquired*
Measles		*Yes*
Meningococcal septicaemia		*Yes*
Mumps	*Post-exposure immunization (MMR or HNIG) does not provide protection for contacts.*	*No*
Plague		*Yes*

Rabies	*A person bitten by a suspected rabid animal should be reported and managed urgently, but if a patient is diagnosed with symptoms of rabies, they will not pose a risk to human health.*	*Yes*
Rubella	*Post-exposure immunisation (MMR or HNIG) does not provide protection for contacts.*	*No*
Severe Acute Respiratory Syndrome (SARS)		*Yes*
Smallpox		*Yes*
Tetanus		*No, unless associated with injecting drug use*
Tuberculosis		*No, unless healthcare worker or suspected cluster or multi drug resistance*
Typhus		*No*
Viral haemorrhagic fever (VHF) e.g. Ebola		*Yes*
Whooping cough		*Yes, if diagnosed during acute phase*
Yellow fever		*No, unless thought to be UK-acquired*

4.3 Notification of other relevant infections

RMP's are required to notify cases of infection that are not listed in schedule 1 if they consider that there is, or could be, a significant harm to human health. These infections could include new or emerging diseases or other known and/or common infections not included in Schedule 1.

New or emerging infections such as Ebola

An RMP is required to notify such new or emerging diseases when they suspect there is a risk of significant harm to human health

Known infections that are not listed as notifiable

An RMP should notify cases of known infections which are not listed as notifiable if they believe that in specific circumstances such infections present, or could present a significant risk to human health.

Example: Parvovirus B19 in a contact of a pregnant woman

4.4 Notification of contamination

There is now a requirement for RMP's to notify suspected cases of contamination, which they believe present, or could present, significant harm to human health. Notification will allow control measures to be considered and implemented as appropriate.

- Chemical contamination such as Carbon monoxide poisoning
- Contamination with radioactive material
- Reporting clusters of disease such as outbreak of PVL Staphylococcus aureus in a primary school or outbreak of scabies in a care home

4.5 Notification of disease in patients who have died

An RMP must notify the proper officer of the local authority if they suspect that a patient they are attending has died with, but not necessarily from, a notifiable disease, or other relevant infection or relevant contamination.

Example: A patient dies at home from suspected meningococcal disease

4.6 Infections that have not been included in the list of notifiable diseases

There are certain infections that may cause significant harm to human health but which have not been included in Schedule 1. This is because there are other effective systems in place to report, monitor and control the risk from such infections and it is unlikely that notification would reduce the public health impact of such conditions – although in exceptional circumstances notification of specific cases, as other relevant infections, might be necessary. These infections include:

Healthcare associated infections:

- Staphylococcus aureus (including MRSA);
- Clostridium *difficile*;
- Surgical Site Infection Surveillance Service (SSISS);
- Glycopeptide-resistant enterococcal bacteraemia.

HIV and STIs: Genitourinary medicine (GUM)/sexual health clinics routinely follow up contacts of cases and take necessary public health actions. Clusters or outbreaks of disease are managed in collaboration with Public Health England.

CJD: The incidence of Creutzfeldt - Jakob disease is monitored in the UK by the National CJD Surveillance Unit (NCJDSU) and all suspected cases should be reported to this unit.

In addition to the statutory duty of notification to Public Health England please also inform the Infection Prevention and Control Team or the Director for Infection Prevention and Control (DIPAC), for further infection control information.

4.7 Notification of Outbreaks

An outbreak is defined as:

- two or more associated cases of the same infectious disease that are related in time and place.

- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

Prompt investigation and introduction of appropriate control measures depend on early communication between clinicians and those with a responsibility for the control of infection.

Notification should be on suspicion of any association between cases and should be to the Consultant in Public Health at Public health England. Telephone notifications are essential when dealing with certain diseases as these may require urgent action by the public health professional to prevent the spread of infectious disease. These should be followed up with written notification.

The Consultant in Public Health is the medical advisor to the Local Authorities and as such a statutory duty for the control of infectious disease in the hospital and the community.

5 Training

There is no specific training requirement regarding this policy.

6 References and Associated documents

Department of Health (1998) A First Class Service: Quality in the new NHS London: DH

Department of Health (2001) Shifting the Balance of Power within the NHS Securing Delivery. DOH 2001

Public Health (Control of Disease) Act 1984

Department of Health "Getting ahead of the Curve". A strategy for combating infectious diseases (including other aspects of health protection) DOH January 2002.
Public Health England – www.phe.org.uk

Health Protection Legislation (England) Guidance 2010

Heyman DL (ed.) (2004) Control of communicable Diseases manual.18th edition. American Public Health Association

Health Service Circular 1999/049. Resistance to antibiotics and other anti-microbial agents. Action for the NHS following the government's response to the House of Lords science and Technology Select Committee report "Resistance to antibiotics and other antimicrobial agents". DOH 1999

The NHS Modernisation Agency – National Primary Care Trust (NaPaCT) 2002

National Resource for Infection Control – www.nric.org.uk

NHS Executive (1999) Controls Assurance in infection Control HSC 1999/123

NHS Executive (1999) Controls Assurance in Infection Control: Decontamination of Medical Devices HSC 1999/179

The Open University (2003) Modelling Epidemics. Milton Keynes

Appendix 1

Registered medical practitioner notification form template

Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority	
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)	

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

Appendix 2

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**The management of chickenpox/shingles, including screening process policy**		
Completed by:	**Mel Hutchings**		
Job title	**Infection Prevention and Control Nurse**	**Date**	**14/09/2018**

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**

If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust

Appendix 3

Contribution List

Key individuals involved in developing the document

Name	Designation
Amanda Hemsley	Lead Infection Prevention and Control Nurse
Antonia Garfoot	Senior Infection Prevention and Control Nurse
Mel Hutchings Andy Knock Annette Powell	Infection Prevention and Control Team

Circulated to the following individuals for consultation

Name	Designation
Emma Wallis	Lead Nurse, CHS, Inpatient
Joanne Wilson	Lead Nurse, FYPC
Kam Palin	Occupational Health Nurse
Claire Armitage	Lead Nurse, AMH&LD, community
Michelle Churchard Smith	Lead Nurse, AMH&LD, Inpatient
Bernadette Keavney	Head of Trust Health and Safety Compliance
Dr. Philip Monk	Consultant in Public Health
Dr. Lauren Ahyow	Consultant in Public Health
Katie Willetts	Senior Nurse, Specialist nursing team
Adrian Childs	Chief Nurse and Deputy Chief Executive
Pauline Blake	Training and Development manager
Laura Belshaw	Lead Nurse MHSOP
Jane Martin	Senior Nurse LDS and Rehab
Liz Compton	Matron AMHS
Sarah Latham	Matron CHS
Joanne Wilson	Lead Nurse FYPC
Fern Barrell	Risk Assurance
Helen Walton	Property Manager