

Notifiable Infectious Diseases and Food Poisoning (PIP)

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The following guidance is taken from the Partners In Paediatrics (PIP)

Notifiable ID 2018–20

NOTIFIABLE INFECTIOUS DISEASES AND FOOD POISONING

URGENT NOTIFICATION

- Urgent out-of-hours notifications (to be followed by normal paper notification later)
- meningitis (suspected bacterial)
- meningococcal infection (clinical diagnosis)
- haemolytic uraemic disease (suspected)
- infectious bloody diarrhoea

NOTIFIABLE DISEASES

Admitting doctor required to notify **suspected** or confirmed cases of the following to Health Protection Unit:

- Cluster or outbreak suspected (≥ 2 cases epidemiologically linked)
- Any other case where potential for transmission significant (e.g. highly infectious)
- Where contacts are particularly susceptible (e.g. healthcare worker, school)
- Where public health action is known to be effective (e.g. prophylaxis, immunisation)
- Other infections or contaminations (e.g. chemical) not listed below if potential risk of further harm
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Diarrhoea, infectious bloody
- Encephalitis
- Food poisoning*
- Group A streptococcal invasive disease
- Haemolytic uraemic syndrome
- Hepatitis (viral)
- Legionnaires'
- Leprosy
- Malaria
- Measles*
- Meningitis (viral, bacterial or fungal)
- Meningococcal disease
- Mumps
- Paratyphoid fever
- Plague
- Poliomyelitis
- Rabies
- Rubella*
- Severe acute respiratory syndrome (SARS)
- Scarlet fever*
- Smallpox
- Tetanus
- Tuberculosis*
- Typhoid fever
- Typhus
- Viral haemorrhagic fever
- Whooping cough*
- Yellow fever

*Definitions

- **Food poisoning or suspected food poisoning:** inform Public Health if acquired abroad or if family member is a food handler or healthcare worker
- **Measles:** fever, maculopapular rash for ≥ 3 days and ≥ 2 of following: Koplik's spots, coryza, conjunctivitis, raised measles IgM, measles encephalitis or pneumonitis. Inform Public Health of MMR or measles vaccination history. Do not bring children with suspected measles in primary care to hospital for diagnosis, only if hospital based treatment required or if immunocompromised: arrange for immediate isolation on arrival
- **Rubella:** rash and occipital lymphadenopathy or arthralgia (if not parvovirus), **or** congenital rubella or raised IgM to rubella. Inform Public Health of MMR vaccine history
- **Scarlet fever:** tonsillitis, fever, rash with either culture of *Streptococcus pyogenes* from throat or raised ASO or anti-DNaseB titre
- **Tuberculosis:** diagnosed clinically, not just microbiologically (atypical mycobacterial infection or patients given chemoprophylaxis but not thought to have TB are not notifiable)
- **Whooping cough:** cough with a whoop, with history of contact with similar illness **or** positive pernasal swabs for *Bordetella pertussis* or raised IgM to *B. pertussis* in an adult or child. Inform Public Health of pertussis immunisation history

Non-statutory notifiable diseases

It has been agreed that, although they are not statutorily notifiable, the following diseases will nevertheless be reported to the **consultant in communicable disease control**:

- AIDS/HIV infection
- Legionnaires' disease
- Listeriosis
- Psittacosis
- Cryptosporidiosis
- Giardiasis
- Creutzfeldt-Jakob disease and other prion diseases

CONTACT DETAILS

- Complete a notification form immediately on diagnosis of a suspected notifiable disease:
<https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners>
- Do not wait for laboratory confirmation of a suspected infection or contamination before notification –
<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>