Public Health etc. (Scotland) Act 2008 Implementation of Part 2: Notifiable Diseases, Organisms and Health Risk States – Summary for Hospital Clinicians

Part 2 of the Public Health etc. (Scotland) Act 2008 came into effect on 1 January 2010. In addition to recent guidance produced by The Scottish Government on Part 2 of the new Act please find below a summary of the relevant points for Medical Practitioners working in secondary care.

The aim of statutory notification is to give early warning of potential threats to human health caused by infectious disease, contamination and other hazards in order to assess what, if any, health protection action might be required to minimise the spread of such diseases and the subsequent risk to human health.

The main changes in part 2 of the Act that you should note are as follows:

1. Amended list of notifiable diseases
2. Added notification of ‘Health Risk States’
3. Additional patient information to be provided
4. Introduction of timescales for notifying cases
5. Written notification

1. Amended list of notifiable diseases

A number of diseases have been removed from the list whilst others have been added. These are shown in the table below:

<table>
<thead>
<tr>
<th>Removed with effect 1st Jan 2010</th>
<th>Added with effect 1st Jan 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacillary Dysentery</td>
<td>Botulism</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Clinical syndrome due to E.coli O157</td>
</tr>
<tr>
<td>Erysipelas</td>
<td>Haemolytic Uraemic Syndrome (HUS)</td>
</tr>
<tr>
<td>Food Poisoning *</td>
<td>Haemophilus influenzae type B (Hib)</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Necrotizing fasciitis</td>
</tr>
<tr>
<td>Leptospirosis</td>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>Tularemia</td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
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<tr>
<td>Membranous Croup</td>
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<tr>
<td>Puerperal fever</td>
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<tr>
<td>Relapsing fever</td>
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<tr>
<td>Scarlet fever</td>
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<tr>
<td>Toxoplasmosis</td>
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<tr>
<td>Viral Hepatitis</td>
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<tr>
<td>Typhus fever</td>
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</tbody>
</table>

* includes Campylobacter, Salmonella and other unspecified

The full list of notifiable diseases can be found in Annex A of The Scottish Government guidance (repeated at the end of this summary).

Notifications should be made based on reasonable clinical suspicion, and should not wait for laboratory confirmation of the suspected disease. In addition, if a negative result is subsequently received from the laboratory you should not ‘denotify’ the case.
If you have any queries about notifiable diseases you should contact the Health Protection Team in the Public Health Department at NHS Highland on 01463 704886.

2. **Added notification of ‘Health Risk States’**

The aim of notifying suspected ‘Health Risk States’ is to enable the identification of, and rapid response to, new and emerging public health threats when a condition is identified from its symptoms and epidemiology and the causative organism is not yet identified e.g. pneumocystis carinii at the start of the AIDS epidemic. These notifications will be exceptional occurrences, and should only be made if you have reasonable suspicion and consider that the condition poses significant risk to public health.

Annex B in The Scottish Government guidance provides further information on notification of ‘Health Risk States’. However, if you are in any doubt as to whether to notify a condition please contact the Health Protection Team in the Public Health Department at NHS Highland on 01463 704886.

3. **Additional patient information to be provided**

From 1st January 2010, in addition to the patient's name, address, postcode, sex, date of birth and suspected disease, notifications must give the patient's NHS identifier (CHI or other). If considered relevant, you must also provide details of the patient's occupation and the name, address and postcode of their place of work or education if available.

4. **Introduction of timescales for notifying cases**

Notification of diseases or health risk states must be made to the Health Protection Team in the Public Health Department at NHS Highland in writing (using new notification forms) within 3 days of suspicion.

For ‘urgent’ cases (which includes all health risk states, plus diseases marked with an * in Annex A of the Scottish Government guidance) it is recommended that you also notify the Health Protection Team by phone as soon as is reasonably practicable.

5. **Written notification**

With effect from 1st January 2010 all notifications from medical practitioners working in secondary care must be made in writing (irrespective of whether the notification has already been made by telephone as an ‘urgent’ case). Details should be submitted on a formal notification form which is available on the Health Protection Scotland website at [http://www.hps.scot.nhs.uk/publichealthact/index.aspx](http://www.hps.scot.nhs.uk/publichealthact/index.aspx).

Online or hard copies of the form can be completed and should then be sent via a secure manner (e-mail, fax or post) to the Health Protection Team in the Public Health Department at NHS Highland. A copy is attached for your information.
Further supporting information on part 2 of the new Act specific to Medical Practitioners can be found in Paper 1 of the guidance issued by The Scottish Government.

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ANNEX A – From Scottish Government Guidance

DISEASES TO BE NOTIFIED BY REGISTERED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2010: NOTIFICATIONS ARE BASED ON REASONABLE SUSPICION AND SHOULD NOT AWAiT LAB. CONFIRMATION

* Anthrax
* Botulism
Brucellosis
* Cholera
* Clinical syndrome due to E.coli O157 infection (see Note 1)
* Diphtheria
* Haemolytic Uraemic Syndrome (HUS)
* Haemophilus influenzae type b (Hib)
* Measles
* Meningococcal disease
Mumps
* Necrotising fasciitis
* Paratyphoid
* Pertussis
* Plague
* Poliomyelitis
* Rabies
Rubella
* Severe Acute Respiratory Syndrome (SARS)
* Smallpox
Tetanus
Tuberculosis (respiratory or non-respiratory) (see Note 2)
* Tularemia
* Typhoid
* Viral haemorrhagic fevers
* West Nile fever
Yellow Fever

*It is recommended that those diseases above marked with an * require urgent notification, i.e. within the same working day. Follow up written / electronic notification within 3 days is still required.

Note 1: E.coli O157
Clinical suspicion should be aroused by (i) likely infectious bloody diarrhoea or (ii) acute onset non-bloody diarrhoea with a biologically plausible exposure and no alternative explanation. Examples of biologically plausible exposures include:
- contact with farm animals, their faeces or environment;
- drinking privately supplied or raw water;
- eating foods such as undercooked burgers or unpasteurised dairy products;
- contact with a confirmed or suspected case of VTEC infection.
Further guidance is available at: http://www.hps.scot.nhs.uk/giz/e.coli0157.aspx?subjectid=18

Cases notified as HUS (Haemolytic Uraemic Syndrome) should NOT be notified as “Clinical syndrome due to E.coli O157 infection” as well.

Note 2: Tuberculosis
For the purposes of notification, respiratory TB or non-respiratory TB should be taken to have the same meanings as the World Health Organisation definitions of pulmonary TB and non-pulmonary TB respectively.
Pulmonary TB is tuberculosis of the lung parenchyma and/or the tracheobronchial tree.
Non-pulmonary TB is tuberculosis of any other site.
Where tuberculosis is clinically diagnosed in both pulmonary and non-pulmonary sites, this should be treated as pulmonary TB.

If you are in any doubt about the diagnosis of suspected cases, you should contact the local Health Protection Team for advice.