Why Report Infectious Diseases?

Global and National Surveillance of Infectious Disease

Doctors are required by law to report some infectious diseases and this requirement is not superseded by recent GMC guidelines regarding patient confidentiality. Some infections (e.g. cholera and malaria) are monitored on a global scale so that travellers can be warned and protected, and international action can be taken to control disease. Surveillance also takes place at a national level to monitor the success of childhood immunisation programmes (e.g. polio, mumps and rubella) or to inform other control strategies such as that for tuberculosis (TB) which collects information on risk groups, drug resistance and clustering of cases to improve understanding.

The Role of the G.P.

It is important to encourage the infected person to provide a stool sample so that serious pathogens can be identified. A definite diagnosis cannot be made without a confirmed specimen result from the microbiology laboratory.

A G.P. who knows or suspects that a patient is suffering from one of the infections listed in the shaded box is required to report without delay to the local health authority where the person lives unless the G.P. has reason to believe that another G.P. has already done so.

Diseases Notifiable Under the Public Health (Control of Disease Act) 1984

Cholera, Smallpox, Plague, Typhus, Relapsing Fever and Food Poisoning

Diseases Notifiable Under the Public Health (Infectious Diseases) Regulations 1988

Acute encephalitis, Acute poliomyelitis, Anthrax, Diphtheria, Dysentery, Leprosy, Leptospirosis, Malaria, Measles, Meningitis (bacterial or viral), Meningococcal septicaemia (without meningitis), Mumps, Ophthalmia neonatorum, Paratyphoid fever, Tetanus, Tuberculosis, Typhoid fever, Viral haemorrhagic fever (includes Lassa fever, Marburg disease and several others), Viral hepatitis, Whooping cough and Yellow fever.

Inevitably a fair amount of time has elapsed since the infection was acquired as most people only consult a G.P. about gastrointestinal illness if the symptoms are unusually severe or persist for a long time.

A G.P. is the first person able to prevent spread of an infectious disease by giving appropriate advice to anyone with diarrhoea or vomiting.

The infected person must inform their employers immediately if they are in one of the ‘high risk’ groups. That is anyone:-

- preparing food e.g. in restaurants, pubs, residential care homes
- working with the young or elderly e.g. in a nursery or a nursing home
- working as a carer e.g. in a residential care or nursing home
- working in the medical profession e.g. a Doctor or nurse
- under 5 years of age attending nurseries or similar groups
- who is unable to maintain a good standard of personal hygiene

Infected people in ‘high risk’ groups must not work or attend school or nursery while they have symptoms. If a G.P. suspects the case is continuing to work or attend they should contact the CCDC so that the local Environmental Health Department can take exclusion action.

Most infected people may return to work or school when their bowel habits return to normal for

at least 48 hours after symptoms have passed and provided that they carefully wash their hands after toilet visits.

The Role of the CCDC

The role of the CCDC is to:-

- collect local data and forward it to the Office for National Statistics
- take local action to identify the source of some infections (e.g. T.B. and food poisoning) and to protect contacts of the infected person

The Role of the Environmental Health Officer (EHO)

When the microbiology laboratory identifies an infectious organism they inform the G.P. and the CCDC. The CCDC then informs the local authority Environmental Health Department. The primary aim of the EHO is to identify the source of infection and will immediately attempt to contact the infected person to take a history of food and drink consumed, places visited before the illness began, and to provide advice on preventing further spread of the infection. This may involve exclusion from the workplace if, for example, the infected person is in a ‘high risk’ occupation e.g. a food handler. The EHO may ask the G.P. for contact details for the infected person. Again, this requirement is not superseded by recent GMC guidelines regarding patient confidentiality.

EHO’s will provide the infected person with advice and guidance regarding exclusion from work or school, return to work or school and may take enforcement action under public health legislation if the infected person and/or employer/school do not take the necessary action.

As mentioned earlier, it is inevitable that a fair amount of time has elapsed since the infection was acquired. This will often result in an even longer delay before the Environmental Health Department can investigate. This could lead to an infected person within a ‘high risk’ group continuing to work or attend, running the risk that the infection may be passed on. It is therefore essential that a stool sample is taken as soon as possible to identify possible pathogens so that effective action can be taken to protect public health.

Teamwork to Control Infectious Disease

It is only through the combined action and co-operation of G.P’s, the CCDC and Environmental Health Departments that there will be an effective response to the control of cases and outbreaks of infectious disease.