

# NOTIFICATION OF INFECTIOUS DISEASE OR CONTAMINATION

## CONFIDENTIAL

Health Protection (Notification) Regulations 2010 Notification to the Proper Officer

### NOTIFIABLE DISEASES

**Please call the office when notifying:**

- Acute Meningitis
- Acute Poliomyelitis
- Acute Infectious Hepatitis:  A  B  C  E
- Anthrax  Botulism
- Cholera  Diphtheria
- Enteric Fever  Typhoid  Paratyphoid
- Food poisoning if an outbreak
- Haemolytic Uraemic Syndrome (HUS)
- Infectious Bloody Diarrhoea:
- Shigella  E.Coli 0157  Other .....
- Invasive Group A Streptococcal disease
- Legionnaires disease  Leprosy  Malaria
- Measles  Mers-CoV
- Meningococcal septicaemia
- Plague  Rabies  SARS  Smallpox
- Viral Haemorrhagic fevers  Pertussis

**Please notify below infections email/post:**

- Acute Encephalitis  Brucellosis
- Covid-19  Scarlet Fever  Yellow fever
- Mumps  Rubella – *please see note below*
- Tetanus  Tuberculosis  Typhus

Food poisonings:

- Campylobacter  Salmonella
- Cryptosporidium  Giardia lamblia
- Other (specify) .....
- Unknown

**When notifying a possible/probable infection, can you please confirm if sample has been taken:**

Yes / No Date taken.....

Type taken.....

**Please enter 'signs & symptoms' below:**

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**If relevant to notifiable infection please complete immunisation history below:**

1<sup>st</sup> dose: Yes / No Date:

2<sup>nd</sup> dose: Yes / No Date:

### BRIEF CLINICAL HISTORY

Date of Onset of Symptoms: .....

Date seen by clinician: .....

Date of Death (If applicable): .....

### CASE DETAILS (please PRINT clearly)

First name(s): .....

Surname: .....

Gender: M  F  DOB: .....

Ethnicity: ..... Place of Birth.....

NHS number: .....

Home address: .....

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Postcode: ..... Tel no: .....

Current Residence (if not home address): .....

..... Post code: .....

School/nursery:.....

Occupation/Student: .....

Work/Education/Playgroup Address.....

..... Postcode: .....

Work / Education contact number: .....

Overseas Travel, if relevant (destination & dates): .....

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GP Details: Name .....

Email address; .....

Practice: .....

Postcode: ..... GP Tel: .....

### REGISTERED MEDICAL PRACTITIONER REPORTING THE CASE

Name: .....

GP Practice/Hospital: .....

Post Code:.....Contact Number: .....

Email address.....

Signature: ..... Date: .....

**Badger Adastra Case** ..... **Date sent to PHE**.....

*(once sent to UKHSA WM, please send to Sarah Brooks at Glover Street, Badger)*

### UKHSA WM HPT:

CALL: UKHSA on 0344 225 3560 – option 2 / Out of Hours: 01384 679 031 (health professionals only)

Method of notification by email, can only be sent from an NHS.NET email address to: [phe.wmnoids@nhs.net](mailto:phe.wmnoids@nhs.net)

(10.02.2023)