

Table 1. Notifiable Diseases (with explanatory notes and guidance on the need for urgent notification)

This table (schedule 1) is for guidance and each case should be considered individually. RMPs are also required to notify suspected cases of other infections (“other relevant infection”) or contamination (“relevant contamination”) that present, or could present, significant harm to human health.

Notifiable diseases	Likely to be urgent? If Yes– notify by telephone local Health Protection Unit ASAP	Definition / comment
Acute encephalitis	No	
Acute meningitis	Yes, if suspected bacterial infection.	Viral and bacterial.
Acute poliomyelitis	Yes	
Acute infectious hepatitis	Yes	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.
Anthrax	Yes	
*Botulism	Yes	
*Brucellosis	No – unless thought to be UK-acquired	
Cholera	Yes	
Diphtheria	Yes	
Enteric fever (typhoid or paratyphoid fever)	Yes	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).
Food poisoning	No, unless clusters or outbreak	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).
*Haemolytic uraemic syndrome (HUS)	Yes	
*Infectious bloody diarrhoea	Yes	See also HUS.
*Invasive group A streptococcal disease (IGAS) and scarlet fever	Yes, if IGAS. No, if scarlet fever	Group A Streptococcus (GAS) can cause a range of illnesses from non-invasive disease such as pharyngitis (sore throat) to invasive disease such as toxic shock syndrome, necrotizing fasciitis and other focal infections with evidence of blood stream spread e.g. blood culture growing Group A Streptococcus. Only scarlet fever and invasive disease needs to be notified and NOT simple pharyngitis/cellulitis
*Legionnaires’ Disease	Yes,	
Leprosy	No	
Malaria	No, unless thought to be UK-acquired	
Measles	Yes	
Meningococcal septicaemia	Yes	
Mumps	No	Post-exposure immunization (MMR or HNIG) does not provide protection for contacts.
Plague	Yes	
Rabies	Yes	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.
Rubella	No	Post-exposure immunisation (MMR or HNIG) does not provide protection for contacts.
*SARS	Yes	
Smallpox	Yes	
Tetanus	No	
Tuberculosis	No, unless healthcare worker or suspected cluster or multi drug resistance	
Typhus	No	
Viral haemorrhagic fever (VHF)	Yes	
Whooping cough	Yes, if diagnosed during acute phase	
Yellow fever	No, unless thought to be UK-acquired	

*New additions to original list of notifiable diseases.

Both non-urgent and urgent cases, RMPs should send a written notification within 3 days