

Notifiable diseases, with explanatory notes and guidance on the need for urgent notification

NB: This Table is only for guidance and each case should be considered individually.

Notifiable diseases	Definition / comment	Likely to be urgent?
Acute encephalitis		No
Acute meningitis	Viral and bacterial.	Yes, if suspected bacterial infection.
Acute poliomyelitis		Yes
Acute infectious hepatitis	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.	Yes
Anthrax		Yes
Botulism		Yes
Brucellosis		No – unless thought to be UK-acquired
Cholera		Yes
Diphtheria		Yes
Enteric fever (typhoid or paratyphoid fever)	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).	Yes

Notifiable diseases	Definition / comment	Likely to be urgent?
Food poisoning	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).	Clusters and outbreaks, yes. For specific organisms see Table 2.
Haemolytic uraemic syndrome (HUS)		Yes
Infectious bloody diarrhoea	See also HUS in Schedule 1 and VTEC in Schedule 2.	Yes
Invasive group A streptococcal disease and scarlet fever		Yes, if IGAS. No, if scarlet fever
Legionnaires' Disease		Yes,
Leprosy		No
Malaria		No, unless thought to be UK-acquired
Measles		Yes
Meningococcal septicaemia		Yes
Mumps	Post-exposure immunization (MMR or HNIG) does not provide protection for contacts.	No
Plague		Yes
Rabies	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.	Yes
Rubella	Post-exposure immunisation (MMR or HNIG) does not provide protection for contacts.	No
SARS		Yes
Smallpox		Yes

Notifiable diseases	Definition / comment	Likely to be urgent?
Tetanus		No, unless associated with injecting drug use
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

NB: Registered Medical Practitioners 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.