
























# NOTIFICATION OF INFECTIOUS DISEASE OR CONTAMINATION

## CONFIDENTIAL

Health Protection (Notification) Regulations 2010  
Notification to the Proper Officer of the Local Authority

### NOTIFIABLE DISEASES

- Acute Encephalitis
- Acute Meningitis 
- Acute Poliomyelitis 
- Acute Infectious Hepatitis (A, B, C & E) 
- Anthrax 
- Botulism 
- Brucellosis
- Cholera 
- Diphtheria 
- Enteric Fever (Typhoid or Paratyphoid) 
- Food poisoning (if an outbreak 
  - Campylobacter
  - Salmonella
  - Unknown or other:.....
- Haemolytic Uraemic Syndrome (HUS) 
- Infectious Bloody Diarrhoea 
  - Shigella 
  - E.Coli 0157 
  - Other:.....
- Invasive Group A Streptococcal disease 
- Legionnaires disease 
- Leprosy
- Malaria
- Measles 
- Meningococcal septicaemia 
- Mumps
- Plague 
- Rabies 
- Rubella
- SARS 
- Scarlet Fever
- Smallpox 
- Tetanus
- Tuberculosis
- Typhus
- Viral Haemorrhagic fevers 
- Whooping cough 
- Yellow fever

### OTHER DISEASE OR CONTAMINATION

Add further details or tick box above:.....  
.....  
.....

### BRIEF CLINICAL HISTORY

**Date of Onset of Symptoms:**.....  
**Date of Diagnosis:**.....  
**Date of Death** (If applicable):.....

### CASE DETAILS (please PRINT clearly)

**FIRST NAME:**.....  
**SURNAME:**.....  
**GENDER:** M  F   
**DOB:**..... **Ethnicity:**.....  
**NHS NUMBER:** .....  
**Home address:**.....  
.....  
.....  
.....  
**Post code:**.....  
**Patient contact number:**.....  
**Current Residence** (if not home address):.....  
.....  
.....  
**Post code:**.....  
**Occupation** (particularly if GI disease):.....  
.....  
**Work / Education Address** (if relevant): .....  
.....  
.....  
**Post code:**.....  
**Work contact number:**.....  
**Overseas Travel, if relevant** (destination & dates):.....  
.....  
.....  
**GP Details** (Name and Address):.....  
.....  
.....  
**Postcode:**..... **GP Tel.:**.....

### DOCTOR REPORTING THE CASE

**NAME:**.....  
**ADDRESS/HOSPITAL:**.....  
.....  
.....  
**Postcode:**.....  
**Contact Number:**.....  
**Date of Notification:**.....



**For URGENT diseases** (marked with a telephone icon) please **CALL:**  
**NW London Health Protection Unit (HPU) IMMEDIATELY on 020 8327 7181** (out of hours **01895 238 282**)  
and notify the public health person on call.



**ALSO, please fax or email form ASAP** (and within 3 days) to **NWL HPU** and file in patient's notes.  
**Fax: 020 8327 7206 / E-mail: nwl.hpu@nhs.net**



**For NON-URGENT cases** please post completed form (within 3 days) to the Local Authority  
in which the case is resident.