

Manual of Notification of Infectious diseases

By

DR Mohammad Abou ele la

*Professor of Medical Microbiology & Immunology, Mansoura
Faculty of Medicine*



What is notification

* **Notification** is the process of informing the health authorities about the occurrence of a disease that should be notified.

* It is the one of the basic element of the surveillance system which is the corner stone in the control and prevention of infectious diseases.



What is surveillance

* A continuous process of collection ,analysis and interpretation of data from the different health facilities, which is necessary for immediate preventive action and for planning , implementation , and evaluation of the preventive and control programmes.



Objectives of Notification

- 1- To identify the public health problems.
- 2- To take preventive and control measures.
- 3- To allocate the necessary resources to solve the major health problems.
- 4- To identify the epidemiological changes for the disease.
- 5- To help the eradication of some diseases.



The notification system

I – REPORTING:

Health center —————> regional health
affairs —————> Infectious diseases
department (MOH)

II- Feedback

Health center <————— regional health
affairs <————— Infectious diseases
department (MOH)



Channels of notification

- 1- Doctors in the health care centers.
- 2- Infection control unit of the hospital.
- 3- Principle health centers.
- 4- Regional health affairs.
- 5- MOH
- 6- WHO



Tools of Notifications

- 1- Telephone
- 2- Fax
- 3- Reporting
- 4- Verbal by direct contact
- 5- Personal hand by hand report.
- 6- Network channels by audiovisual alarms



Types of Notification

I- Immediate:

- * For class I diseases that need immediate action , notification by telephone or/and fax.

II- Weekly:

- * This is for class II diseases , by weekly report regularly.

III- Monthly:

- * Includes all infectious diseases recorded through the month , by monthly report.

IV- Quarter yearly :

- * For antibiotic policy

V- Yearly:

- * Total results of all Departments , centers, and Units

VI_ Special :

HIV, Cholera



Infectious diseases that should be notified immediately (class I)

- 1- Cholera
- 2- Plague
- 3- Yellow fever
- 4- Neonatal tetanus
- 5- Diphtheria
- Children less than 15 years*
 - 6- Acute flaccid paralysis
 - 7- Guillian Barre
 - 8- Transverse myelitis
 - 9- Other suspected polio cases

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10 – Bacterial meningitis (Meningococcal, Pneumococcal, Haemophilus)

11- Viral meningitis

12- Typhus

13- Anthrax

14- Relapsing fever

15- Hemorrhagic viral fevers



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- * It is mandatory to notify immediately any disease that appears in epidemic even if it is not from the class I •
- * Diseases notified immediately should be included also in the weekly report.
- * MDR organisms like MRSA & VRE should be notified immediately to the doctor in charge with the special recommendations at once
- * TB should be considered in this category with the addition of family and community counseling.



CLASS II

Infectious diseases that should be notified weekly to the region and monthly to MOH

- 1- Other types of tetanus
- 2- Whooping cough
- 3- Measles
- 4- Mumps
- 5- Rubella
- 6- Congenital rubella
- 7- Hepatitis A,B,C
- 8- Unspecified Hepatitis
- 9- Brucellosis, Salmonellosis, Shigellosis
- 10- Rabies
- 11- Amoebic dysentery
- 12- Chicken pox
- 13- HUS
- 14- Syphilis , Gonorrhoea
- 15- Scabies

Monthly reports

- Includes all infectious diseases recorded through the month , by monthly report.
- Include the results of the Departments , centers in the form of infection control analysis , recommendations , and the new policies should be implemented or any advancements in the practice.
- From the head of the team to the head of Department or the director of the center.
- These report will be discussed through the monthly meeting of the infection control committee.



Quarter yearly reports

- These reports specified to the antibiotic policies.
- The report should be done according to the results of the last three months and the list of new antibiotics added to the hospital pharmacy.
- Should be discussed between the head of IC team , Director of the hospital, and chief pharmacist.
- The change should be proposed at June or November.



Yearly report

- This is the comprehensive report for every hospital and center including final assessment of all infection control practice, positive and negative signs
 - Comparative curves for the IC rates with last year , final report for recommendations, and prospective plan.



Special notification policy

HIV

- 1- Notification to the central MOH LAB according to the Ab results with full personal data of the patient.
- 2- Two samples should be sent to the MOH Lab. For Western blot.
- 3- After receiving the confirmation Letter from the MOH,
- 4- All your results and MOH results with Complete personal, history, clinical, radiological data collected in one file
- 5- These data file should be notified through the head of infection control to the deputy of MOH for infectious diseases hand by hand
- 6- MOH or the infection control officer should notify The Ministry of interior.
- 7 – Notification of the family and family, relatives, and community counseling.



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Cholera

- 1- Primary notification directly after appearance of yellow colonies on TCBS media with watery diarrhea with the transfer of the patient to the fever hospital or isolation hospital according to the local policy.
- 2- Confirmation of the diagnosis by all microbiology methods including serotyping.
- 3- If approved cholera you should make the final notification including the final report of diagnosis with all methods you do, all samples, inoculated media, API, and manual of methodology in your lab.

