

Statutory Notifiable Diseases Scotland

PUBLIC HEALTH ETC. (SCOTLAND) ACT 2008

- * Anthrax
- * Botulism
- Brucellosis
- * Cholera
- * Clinical syndrome due to
E.coli O157 infection (**see Note 1**)
- * Diphtheria
- * Haemolytic Uraemic
Syndrome (HUS)
- * Haemophilus influenzae
type b (Hib)
- * Measles
- * Meningococcal disease
- Mumps
- * Necrotizing fasciitis
- * Paratyphoid
- * Pertussis
- * Plague
- * Poliomyelitis
- * Rabies
- Rubella
- * Severe Acute Respiratory
Syndrome (SARS)
- * Smallpox
- Tetanus
- Tuberculosis (respiratory or
non-respiratory) (**see Note 2**)
- * Tularemia
- * Typhoid
- * Viral haemorrhagic fevers
- * West Nile fever
- Yellow Fever

*It is recommended that those diseases above marked with an * require urgent notification, i.e. within the same working day. Follow up written / electronic notification within 3 days is still required.

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Note 1: E.coli O157

Clinical suspicion should be aroused by (i) likely infectious bloody diarrhoea or (ii) acute onset non-bloody diarrhoea with a biologically plausible exposure and no alternative explanation. Examples of biologically plausible exposures include:

- contact with farm animals, their faeces or environment;
- drinking privately supplied or raw water;
- eating foods such as undercooked burgers or unpasteurised dairy products;
- contact with a confirmed or suspected case of VTEC infection.

Further guidance is available at:

<http://www.hps.scot.nhs.uk/giz/e.coli0157.aspx?subjectid=18>

Cases notified as HUS (Haemolytic Uraemic Syndrome) should NOT be notified as "Clinical syndrome due to *E.coli* O157 infection" as well.

Note 2: Tuberculosis

For the purposes of notification, respiratory TB or non-respiratory TB should be taken to have the same meanings as the World Health Organisation definitions of **pulmonary TB** and **non-pulmonary TB** respectively.

Pulmonary TB is tuberculosis of the lung parenchyma and/or the tracheobronchial tree.

Non-pulmonary TB is tuberculosis of any other site.

Where tuberculosis is clinically diagnosed in both pulmonary and non-pulmonary sites, this should be treated as pulmonary TB.

If you are in any doubt about the diagnosis of suspected cases, you should contact the local Health Protection Team for advice.