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*Status: Point in time view as at 05/03/2020.*

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## STATUTORY INSTRUMENTS

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# 2010 No. 659

## PUBLIC HEALTH, ENGLAND

### The Health Protection (Notification) Regulations 2010

<i>Made</i>	- - - -	<i>9th March 2010</i>
<i>Laid before Parliament</i>		<i>11th March 2010</i>
<i>Coming into force</i>		
<i>for the purpose of all regulations except regulation 4</i>		<i>6th April 2010</i>
<i>for the purpose of regulation 4</i>		<i>1st October 2010</i>

The Secretary of State makes the following Regulations in exercise of the powers conferred by sections 13, 45C(1), (2) and (3)(a), 45F(2)(a) and (b), 45P(2) and 60A of the Public Health (Control of Disease) Act 1984 <sup>F1</sup>.

In accordance with section 45Q(3) of the Public Health (Control of Disease) Act 1984, the Secretary of State declares that he is of the opinion that these Regulations do not contain any provision made by virtue of section 45C(3)(c) of that Act which imposes or enables the imposition of a special restriction or requirement or any other restriction or requirement which has or would have a significant effect on a person's rights.

**F1** 1984 c.22. See section 45T(6) of that Act for the definition of “the appropriate Minister”. Sections 45C, 45F, 45P and 45T were inserted into that Act by section 129 of the [Health and Social Care Act 2008 \(c.14\)](#) (“the 2008 Act”) and section 60A was inserted into that Act by section 130 and Schedule 11, paragraph 16 of the 2008 Act.

#### Citation, commencement and application

1.—(1) These Regulations may be cited as the Health Protection (Notification) Regulations 2010 and shall come into force—

- (a) for the purposes of all regulations except regulation 4 on 6th April 2010; and
- (b) for the purposes of regulation 4 on 1st October 2010.

(2) These Regulations apply in relation to England only.

[<sup>F2</sup>(3) In these Regulations, “Public Health England” means the executive agency of the Department of Health [<sup>F3</sup>and Social Care] known as Public Health England.]

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- F2** Reg. 1(3) inserted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), **Sch. 2 para. 148(2)**
- F3** Words in [reg. 1\(3\)](#) inserted (11.4.2018) by [The Secretaries of State for Health and Social Care and for Housing, Communities and Local Government and Transfer of Functions \(Commonhold Land\) Order 2018 \(S.I. 2018/378\)](#), art. 1(2), **Sch. para. 20(r)** (with art. 14)

### **Duty to notify suspected disease, infection or contamination in patients**

2.—(1) A registered medical practitioner (R) must notify the proper officer<sup>F4</sup> of the relevant local authority where R has reasonable grounds for suspecting that a patient (P) whom R is attending—

- (a) has a notifiable disease;
- (b) has an infection<sup>F5</sup> which, in the view of R, presents or could present significant harm to human health; or
- (c) is contaminated<sup>F6</sup> in a manner which, in the view of R, presents or could present significant harm to human health.

(2) The notification must include the following information insofar as it is known to R—

- (a) P's name, date of birth and sex;
- (b) P's home address including postcode;
- (c) P's current residence (if not home address);
- (d) P's telephone number;
- (e) P's NHS number;
- (f) P's occupation (if R considers it relevant);
- (g) the name, address and postcode of P's place of work or education (if R considers it relevant);
- (h) P's relevant overseas travel history;
- (i) P's ethnicity;
- (j) contact details for a parent of P (where P is a child);
- (k) the disease or infection which P has or is suspected of having or the nature of P's contamination or suspected contamination;
- (l) the date of onset of P's symptoms;
- (m) the date of R's diagnosis; and
- (n) R's name, address and telephone number.

(3) The notification must be provided in writing within 3 days beginning with the day on which R forms a suspicion under paragraph (1).

(4) Without prejudice to paragraph (3), if R considers that the case is urgent, notification must be provided orally as soon as reasonably practicable.

(5) In determining whether the case is urgent, R must have regard to —

- (a) the nature of the suspected disease, infection or contamination;
- (b) the ease of spread of that disease, infection or contamination;
- (c) the ways in which the spread of the disease, infection or contamination can be prevented or controlled; and
- (d) P's circumstances (including age, sex and occupation).

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(6) This regulation does not apply where R reasonably believes that the proper officer of the relevant local authority has already been notified with regard to P and the suspected disease, infection or contamination by another registered medical practitioner in accordance with this regulation.

(7) In this regulation—

“child” means a person under the age of 18 years;

“notifiable disease” means a disease listed in Schedule 1;

“parent” has the meaning given to it by section 576 of the Education Act 1996<sup>F7</sup>; and

“relevant local authority” means the local authority within whose area R attended P on the occasion of forming a suspicion under paragraph (1).

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| <p><b>F4</b> See section 74 of the <a href="#">Public Health (Control of Disease) Act 1984 (c.22)</a> (“the 1984 Act”) for the definition of “proper officer”.</p> <p><b>F5</b> See section 45A of the 1984 Act for the interpretation of “infection”.</p> <p><b>F6</b> See section 45A of the 1984 Act for the interpretation of “contamination” and related expressions.</p> <p><b>F7</b> <a href="#">1996 c.56</a>.</p> |
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### Duty to notify suspected disease, infection or contamination in dead persons

3.—(1) A registered medical practitioner (R) must notify the proper officer of the relevant local authority where R has reasonable grounds for suspecting that a person (P) whom R is attending has died whilst—

- (a) infected with a notifiable disease;
- (b) infected with a disease which, in the view of R, presents or could present, or presented or could have presented (whilst P was alive), significant harm to human health; or
- (c) contaminated in a manner which, in the view of R, presents or could present, or presented or could have presented (whilst P was alive), significant harm to human health.

(2) The notification must include the following information insofar as it is known to R—

- (a) P's name, date of birth and sex;
- (b) P's date of death;
- (c) P's home address including postcode;
- (d) P's place of residence at time of death (if different from home address);
- (e) P's NHS number;
- (f) P's occupation at time of death (if R considers it relevant);
- (g) the name, address and postcode of P's place of work or education at the time of death (if R considers it relevant);
- (h) P's relevant overseas travel history;
- (i) P's ethnicity;
- (j) the disease or infection which P had or is suspected of having had or the nature of P's contamination or suspected contamination;
- (k) the date of onset of P's symptoms;
- (l) the date of R's diagnosis; and
- (m) R's name, address and telephone number.

(3) The notification must be provided in writing within 3 days beginning with the day on which R forms a suspicion under paragraph (1).

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(4) Without prejudice to paragraph (3), if R considers that the case is urgent, notification must be provided orally as soon as reasonably practicable.

(5) In determining whether the case is urgent, R must have regard to—

- (a) the nature of the suspected disease, infection or contamination;
- (b) the ease of spread of that disease, infection or contamination;
- (c) the ways in which the spread of the disease, infection or contamination can be prevented or controlled; and
- (d) P's circumstances (including age, sex and occupation).

(6) This regulation does not apply where R reasonably believes that the proper officer of the relevant local authority has already been notified with regard to P and the suspected disease, infection or contamination by another registered medical practitioner in accordance with this regulation or regulation 2(1).

(7) In this regulation—

“notifiable disease” has the same meaning it has in regulation 2; and

“relevant local authority” means the local authority within whose area R attended P on the occasion of forming a suspicion under paragraph (1).

#### **Duty to notify causative agents found in human samples**

4.—(1) The operator of a diagnostic laboratory must notify [<sup>F8</sup>Public Health England] in accordance with this regulation where the diagnostic laboratory identifies a causative agent in a human sample.

(2) The notification must include the following information insofar as it is known to the operator of the diagnostic laboratory—

- (a) name and address of the diagnostic laboratory;
- (b) details of the causative agent identified;
- (c) date of the sample;
- (d) nature of the sample;
- (e) name of person (P) from whom the sample was taken;
- (f) P's date of birth and sex;
- (g) P's current home address including postcode;
- (h) P's current residence (if not home address);
- (i) P's ethnicity;
- (j) P's NHS number; and
- (k) the name, address and organisation of the person who solicited the test which identified the causative agent.

(3) The notification must be provided in writing within 7 days beginning with the day on which the causative agent is identified.

(4) Without prejudice to paragraph (3), if the operator of the diagnostic laboratory considers that the case is urgent, the notification must be provided orally as soon as reasonably practicable.

(5) In determining whether the case is urgent, the operator of the diagnostic laboratory must have regard to —

- (a) the nature of the causative agent;
- (b) the nature of the disease which the causative agent causes;

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- (c) the ease of spread of the causative agent;
- (d) the ways in which the spread of the causative agent can be prevented or controlled; and
- (e) where known, P's circumstances (including age, sex and occupation).

(6) This regulation does not apply where the operator of the diagnostic laboratory reasonably believes that [<sup>F9</sup>Public Health England] has already been notified in accordance with this regulation by the operator of another diagnostic laboratory in relation to the same causative agent being found in a sample from the same person.

(7) For the purposes of paragraph (1), a diagnostic laboratory identifies a causative agent where—

- (a) the diagnostic laboratory identifies the causative agent; or
- (b) the causative agent is identified by another laboratory under an arrangement made with that diagnostic laboratory.

(8) Where paragraph (7)(b) applies, the day on which the causative agent is identified for the purposes of paragraph (3), is the day on which the diagnostic laboratory became aware of the identification by the other laboratory.

(9) It is an offence for the operator of a diagnostic laboratory to fail without reasonable excuse to comply with this regulation.

(10) Any person who commits an offence under this regulation is liable on summary conviction to a fine not exceeding level 5 on the standard scale.

(11) In this regulation—

“causative agent” means—

- (a) a causative agent listed in Schedule 2, or
- (b) evidence of an infection caused by such an agent;

“diagnostic laboratory” means an institution (or facility within an institution) which is equipped with apparatus and reagents for the performance of diagnostic tests for human infections;

“director of a diagnostic laboratory” means—

- (a) the clinical microbiologist, consultant pathologist or other registered medical practitioner or other person in charge of a diagnostic laboratory, or
- (b) any other person working in the diagnostic laboratory to whom the function of making a notification under this regulation has been delegated by the person mentioned in paragraph (a); and

“operator of a diagnostic laboratory” means the corporate body that operates the diagnostic laboratory or, if there is no such body, the director of the diagnostic laboratory.

**F8** Words in [reg. 4\(1\)](#) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(3\)\(a\)](#)

**F9** Words in [reg. 4\(6\)](#) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(3\)\(b\)](#)

#### Duty to provide information to [<sup>F10</sup>Public Health England]

5.—(1) This regulation applies where a notification has been made by the operator of a diagnostic laboratory to [<sup>F11</sup>Public Health England] under regulation 4.

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(2) [<sup>F12</sup>Public Health England] may request that the person (R) who solicited the laboratory test which identified the causative agent to which the notification relates, provide to it the information listed at regulation 4(2) insofar as that information was not included in the notification.

(3) R must provide the information requested under paragraph (2) insofar as it is known to R.

(4) The information must be provided in writing within 3 days beginning with the day on which the request is made.

(5) Without prejudice to paragraph (4), if [<sup>F13</sup>Public Health England] considers the case to be urgent and informs R of this fact when making the request, the information must be provided orally as soon as reasonably practicable.

(6) In determining whether the case is urgent, [<sup>F14</sup>Public Health England] must have regard to—

- (a) the nature of the causative agent to which the notification relates;
- (b) the nature of the disease which the causative agent causes;
- (c) the ease of spread of the causative agent;
- (d) the ways in which the spread of the causative agent can be prevented or controlled; and
- (e) where known, the circumstances of the person from whom the sample was taken (including age, sex and occupation).

**F10** Words in reg. 5 heading substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(4\)\(a\)](#)

**F11** Words in reg. 5(1) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(4\)\(b\)](#)

**F12** Words in reg. 5(2) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(4\)\(c\)](#)

**F13** Words in reg. 5(5) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(4\)\(d\)](#)

**F14** Words in reg. 5(6) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(4\)\(e\)](#)

### **Duty on the relevant local authority to disclose notification to others**

6.—(1) This regulation applies where the proper officer of a local authority has received a notification under regulation 2 or 3.

(2) The proper officer of the local authority must disclose the fact of the notification and its contents to—

- [<sup>F15</sup>(a) Public Health England;]
- (b) the proper officer of the local authority in whose area P usually resides (if different); and
- (c) the proper officer of the port health authority or local authority in whose district or area a ship, hovercraft, aircraft or international train is or was situated from which P has disembarked (if known to the disclosing proper officer and if that officer considers disclosure appropriate).

(3) The disclosure must be made in writing within 3 days beginning with the day that the proper officer receives the notification.

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(4) Without prejudice to paragraph (3), if the disclosing proper officer considers that the case is urgent, disclosure must be made orally as soon as reasonably practicable.

- (5) In determining whether a case is urgent, the disclosing proper officer must have regard to—
- (a) the nature of the disease, infection or contamination or the suspected disease, infection or contamination notified;
  - (b) the ease of spread of the disease, infection or contamination;
  - (c) the ways in which the spread of the disease, infection or contamination can be prevented or controlled; and
  - (d) where known, the patient's circumstances (including age, sex and occupation).

**F15** Reg. 6(2)(a) substituted (1.4.2013) by [The National Treatment Agency \(Abolition\) and the Health and Social Care Act 2012 \(Consequential, Transitional and Saving Provisions\) Order 2013 \(S.I. 2013/235\)](#), art. 1(2), [Sch. 2 para. 148\(5\)](#)

### Electronic communications

7.—(1) This regulation applies to—

- (a) notifications provided under regulation 2(1), 3(1) and 4(1);
- (b) information provided under regulation 5(3);
- (c) disclosures made under regulation 6(2);
- (d) lists provided under regulation 3 of the Health Protection (Local Authority Powers) Regulations 2010 <sup>F16</sup> (requirement to provide details of children attending school); and
- (e) reports provided under regulations 10(1) (duty to report Part 2A applications) and 11(1) (duty to report variations or revocations of Part 2A orders) of the Health Protection (Part 2A Orders) Regulations 2010 <sup>F17</sup>.

(2) Notifications, information, disclosures, lists and reports, which are required to be in writing, may be communicated electronically if—

- (a) the recipient has consented in writing to receiving the notification, information, disclosure list or report (as the case may be) by an electronic communication; and
- (b) the communication is sent to the number or address specified by the recipient when giving that consent.

**F16** [S.I. 2010/657](#).

**F17** [S.I. 2010/658](#).

### Revocations

8. The regulations listed in Schedule 3 are revoked.

Signed by authority of the Secretary of State for Health.

Department of Health

*Gillian Merron*  
Minister of State,

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## SCHEDULE 1

Regulation 2(7)

### Notifiable Diseases

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Acute encephalitis  
Acute meningitis  
Acute poliomyelitis  
Acute infectious hepatitis  
Anthrax  
Botulism  
Brucellosis  
Cholera  
[<sup>F18</sup>COVID-19]  
Diphtheria  
Enteric fever (typhoid or paratyphoid fever)  
Food poisoning  
Haemolytic uraemic syndrome (HUS)  
Infectious bloody diarrhoea  
Invasive group A streptococcal disease and scarlet fever  
Legionnaires' Disease  
Leprosy  
Malaria  
Measles  
Meningococcal septicaemia  
Mumps  
Plague  
Rabies  
Rubella  
SARS  
Smallpox  
Tetanus  
Tuberculosis  
Typhus  
Viral haemorrhagic fever (VHF)  
Whooping cough  
Yellow fever

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**F18** Sch. 1: entry inserted (5.3.2020 at 6.15 p.m.) by [The Health Protection \(Notification\) \(Amendment\) Regulations 2020 \(S.I. 2020/237\)](#), regs. 1(2), **2(2)**

## SCHEDULE 2

Regulation 4(11)

### Causative Agents

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*Bacillus anthracis*

*Bacillus cereus* (only if associated with food poisoning)

*Bordetella pertussis*

*Borrelia spp*

*Brucella spp*

*Burkholderia mallei*

*Burkholderia pseudomallei*

*Campylobacter spp*

Chikungunya virus

*Chlamydomphila psittaci*

*Clostridium botulinum*

*Clostridium perfringens* (only if associated with food poisoning)

*Clostridium tetani*

*Corynebacterium diphtheriae*

*Corynebacterium ulcerans*

*Coxiella burnetii*

Crimean-Congo haemorrhagic fever virus

*Cryptosporidium spp*

Dengue virus

Ebola virus

*Entamoeba histolytica*

*Francisella tularensis*

*Giardia lamblia*

Guanarito virus

*Haemophilus influenzae* (invasive)

Hanta virus

Hepatitis A, B, C, delta, and E viruses

Influenza virus

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Junin virus  
Kyasanur Forest disease virus  
Lassa virus  
*Legionella spp*  
*Leptospira interrogans*  
*Listeria monocytogenes*  
Machupo virus  
Marburg virus  
Measles virus  
Mumps virus  
*Mycobacterium tuberculosis* complex  
*Neisseria meningitidis*  
Omsk haemorrhagic fever virus  
*Plasmodium falciparum, vivax, ovale, malariae, knowlesi*  
Polio virus (wild or vaccine types)  
Rabies virus (classical rabies and rabies-related lyssaviruses)  
*Rickettsia spp*  
Rift Valley fever virus  
Rubella virus  
Sabia virus  
*Salmonella spp*  
SARS coronavirus  
[<sup>F19</sup>SARS-CoV 2]  
*Shigella spp*  
*Streptococcus pneumoniae* (invasive)  
*Streptococcus pyogenes* (invasive)  
Varicella zoster virus  
Variola virus  
Verocytotoxigenic *Escherichia coli* (including *E.coli* O157)  
*Vibrio cholerae*  
West Nile Virus  
Yellow fever virus  
*Yersinia pestis*

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**F19** Sch. 2: entry inserted (5.3.2020 at 6.15 p.m.) by [The Health Protection \(Notification\) \(Amendment\) Regulations 2020 \(S.I. 2020/237\)](#), regs. 1(2), **2(3)**

### SCHEDULE 3

Regulation 8

#### Revocations

1. The Public Health (Prevention of Tuberculosis) Regulations 1925 <sup>F20</sup>.

**F20** [S.I. 1925/757](#).

2. The Public Health (Infectious Diseases) Regulations 1988 <sup>F21</sup>.

**F21** [S.I. 1988/1546](#).

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### EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations place obligations on various persons to disclose information to specified third parties for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination.

Regulation 2 obliges registered medical practitioners to notify the local authority if a patient they are attending is believed to have a disease listed in Schedule 1 or is otherwise infected or contaminated in a way that may cause significant harm to others. Regulation 3 extends this obligation to cover notification of suspected disease, infection or contamination in a dead body. Regulation 6 obliges the local authority to disclose notifications under regulations 2 or 3 to other specified bodies with a health protection role.

Regulation 4 obliges the operators of diagnostic laboratories to notify the Health Protection Agency (HPA) if they identify a causative agent listed in Schedule 2, or evidence of such an agent, in a human sample. Regulation 5 enables the HPA to approach the person who solicited the laboratory tests for certain information not provided by the operator of the diagnostic laboratory and obliges that person to provide the information where known.

Regulation 7 enables specified documents to be sent electronically where certain conditions are met.

Regulation 8 revokes 2 sets of regulations.

A full impact assessment of the effect that this instrument will have on the costs of business, the voluntary sector and the public sector is available from the Department of Health, Room 514, Wellington House, 133-155 Waterloo Road, London, SE1 8UG and is annexed to the Explanatory Memorandum which is available alongside the instrument on the OPSI website ([www.opsi.gov.uk](http://www.opsi.gov.uk)).

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