



Department:	Infection Prevention and Control Department		
Document:	Interdisciplinary Policy and Procedure (IPP)		
Title:	Reporting Notifiable Disease(s) to Ministry of Health		
Applies To:	Infection Prevention and Control Department		
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1. PURPOSE:

- 1.1 To guide all health care workers in the correct method of collecting and reporting of notifiable diseases to the Ministry of Health

2. DEFINITONS:

- 2.1 Communicable Disease - are clinically evident illnesses resulting from the presence of pathogenic microbial agents, including pathogenic viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions.
- 2.2 The process of informing the health authorities for all Infectious/Communicable Diseases that should be notified.

3. POLICY:

- 3.1 All employees must be able to participate in the monitoring of infections and be able to report their concerns.
- 3.2 All employees having knowledge of an infectious process are required to report that infection to the IP&C Department. Any environmental conditions (i.e., infection control risks) that may contribute to an infection must also be reported to the IP&C Department

4. PROCEDURE:

- 4.1 Notify the IP&C Department through the assigned staff responsible for your area of any patient admitted with an infection or a communicable disease and/or who develops an infection after admission.
- 4.2 Notify the IP&C Department through the assigned Infection Preventionist (IP) or Environmental Health Specialist, if available, in your hospital of any environmental condition(s) that could contribute to an infection.
- 4.3 Call the IP&C Department or page the assigned IP to report the following information:
 - 4.3.1 Patient condition(s)
 - 4.3.1.1 Medical record number
 - 4.3.1.2 Patient name
 - 4.3.1.3 Patient location
 - 4.3.1.4 Type of infection
 - 4.3.2 Environmental condition(s)
 - 4.3.2.1 Location
 - 4.3.2.2 Type of infection control concern
 - 4.3.2.3 Person(s) at risk
 - 4.3.3 Follow-up / Feedback
 - 4.3.3.1 IP&C will endeavor to investigate, follow up, document, and give feedback as necessary.
- 4.4 All notifiable diseases are classified into four (4) groups:

- 4.4.1 Immediate diseases that needs immediate notification by telephone, email or electronically
 - 4.4.1.1 AIDS (Acquired Immune Deficiency Syndrome)
 - 4.4.1.2 Anthrax
 - 4.4.1.3 Cholera
 - 4.4.1.4 Plaque
 - 4.4.1.5 Yellow Fever
 - 4.4.1.6 Food Poisoning
 - 4.4.1.7 Seasonal Influenza
 - 4.4.1.8 MERS-COV (Middle East Respiratory Syndrome-Corona Virus)
 - 4.4.1.9 Covid19
- 4.4.2 Diseases to be reported within 24 hours: See appendices 7.1
- 4.4.3 Diseases to be reported weekly: (Diseases which will be sent from the health units to the Regional Health Affairs)
 - 4.4.3.1 Brucellosis
 - 4.4.3.2 Gonorrhea
 - 4.4.3.3 Herpes Simplex
 - 4.4.3.4 Leishmaniasis (Cutaneous, Visceral)
 - 4.4.3.5 Tuberculosis (Extrapulmonary)
 - 4.4.3.6 Leprosy
 - 4.4.3.7 Syphilis
 - 4.4.3.8 Trachoma
 - 4.4.3.9 (Any other venereal disease)
- 4.4.4 Diseases to be reported after final diagnosis with pertinent results attached:
 - 4.4.4.1 Amoebiasis
 - 4.4.4.2 Erysipelas
 - 4.4.4.3 Influenza
 - 4.4.4.4 Malaria
 - 4.4.4.5 Scarlet fever
 - 4.4.4.6 Shigellosis
 - 4.4.4.7 Tuberculosis
 - 4.4.4.8 Hepatitis A, B and C
 - 4.4.4.9 Salmonellosis
 - 4.4.4.10 Meningitis
 - 4.4.4.11 Brucellosis
 - 4.4.4.12 Gonorrhea
 - 4.4.4.13 NOTE Any unusual rise of a disease, whether including in the list or not, should be reported immediately.
- 4.5 Role of Treating Physician and Nurse on Duty:
 - 4.5.1 Ward Nurses notifies IPCD TEAM whenever suspected, confirmed infectious cases and cases discovered infectious after admission are identified.
 - 4.5.2 Ward Nurse completes an infectious disease notification form and submits to IPCD TEAM immediately within 24 hours of suspicious or confirmed cases of communicable disease.
 - 4.5.3 Treating doctor checks, reviews, and duly signed with stamp the notification form.
 - 4.5.4 The Public Health Officer will gather the demographic and clinical data required by MOH for each patient with a notifiable disease. The help of the treating physician is required with this process
- 4.6 Role of Laboratory:
 - 4.6.1 Laboratory Department should notify IPCD Team immediately for any confirmed/suspected case of communicable disease either written or by telephone within 24 hours of detection.
 - 4.6.2 Infection Prevention and Control Department should notify Preventive Medicine officially either by fax or by letter immediately.

- 4.6.3 Infection Prevention and Control Department should attach any laboratory positive result with the notification form (if available).
- 4.7 Role of IPCD TEAM and Public Health Department (PHD):
 - 4.7.1 Infection Control Practitioner/Nurse notifies to Public Health Department immediately any suspected or confirmed infectious disease cases.
 - 4.7.2 Infection Control Practitioner/Nurse review medical records of identified cases for information pertinent to the disease and for demographic data.
 - 4.7.3 Infection Control Practitioner/Nurse clarifies any follow-up information requested by the ministry of health with the appropriate physicians if necessary.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

- 5.1.1 N/A

5.2 Materials and Equipment

- 5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 Attending Physician: Physician should notify Infection Prevention and Control Department within 24 hours for all of the following:
 - 6.1.1 All infectious diseases that needs to be reported using the Infectious/Communicable Diseases Notification Form

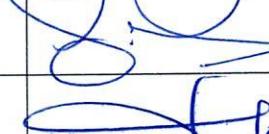
7. APPENDICES:

7.1 Class 1 & Class 2 Infectious Diseases

8. REFERENCES:

- 8.1 GCC Infection Control Manual 2018, 3rd Edition,

9. APPROVALS:

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7.1 Class 1 & Class 2 Infectious Diseases

CLASS I A: IMMEDIATE NOTIFICATION

1. COVID 19	4. AH1N1
2. MERS-COV	5. EBOLA
3. SARS	

CLASS 1 B: WITHIN 24 HOURS

1. Cholera 2. Plague 3. Yellow Fever 4. Neonatal Tetanus 5. Diphtheria 6. Measles 7. Rubella 8. Congenital Rubella 9. Mumps 10. Pertusis 11. Acute Flaccid Paralysis ➤ Suspected Poliomyelitis ➤ Guillian Baree Syndrome ➤ Transverse Myelitis ➤ Other suspected polio cases Meningitis, Encephalitis, Traumatic Neuritis, hypokalemia, hypotonia, Osteomyelitis, Peripheral Neuritis, Myositis, Arthritis & Cord or Nerve Compression	12. Meningococcal Meningitis 13. Haemorrhagic Fever ➤ Dengue Fever ➤ Rift Valley Fever ➤ Lassa Crimean-Congo ➤ Other Hemorrhagic Fever 14. West Nile Virus Fever 15. Avian Flu 16. Any Emerging Disease Any disease that appears in epidemic even if it is not included in class I & II
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CLASS 11 : INFECTIOUS DISEASES SHOULD BE NOTIFIED WEEKLY

1. Chicken Pox 2. Tetanus other types 3. Viral Hepatitis; ➤ Hepatitis A ➤ Hepatitis B ➤ Hepatitis C ➤ Hepatitis D ➤ Hepatitis E ➤ Unspecified Hepatitis (other type) 4. Typhoid & Paratyphoid	5. Brucellosis 6. Amoebiasis 7. Salmonellosis 8. Shigellosis 9. Pneumococcal Meningitis 10. Hemophilus Meningitis 11. Other Meningitis 12. Rabies 13. Hemolytic Uremic Syndrome 14. Echinococcosis
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