1975 No. 308 (S. 38)

PUBLIC HEALTH, SCOTLAND

The Public Health (Infectious Diseases) (Scotland) Regulations 1975

Made - - - -	*27th February* 1975
Laid before Parliament	*12th March* 1975
Coming into Operation	*2nd April* 1975

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In exercise of the powers conferred on me by section 4(1) of the Infectious Disease (Notification) Act 1889**(a)** and by section 1 of the Public Health (Scotland) Act 1945**(b)**, as amended by section 23 of the Food and Drugs (Scotland) Act 1956**(c)** and section 64(1) of and Schedule 6 to the National Health Service (Scotland) Act 1972**(d)**, I hereby make the following regulations:-

PART I

PRELIMINARY

Citation and commencement

1. These regulations may be cited as the Public Health (Infectious Diseases) (Scotland) Regulations 1975 and shall come into operation on 2nd April 1975.

Interpretation

2.—(1) In these regulations, unless the context otherwise requires—

"acute poliomyelitis" includes acute polioencephalitis;

"area" means the area of a Health Board as determined by an order made under section 13 of the National Health Service (Scotland) Act 1972**(d)**;

"Chief Medical Officer" means the Chief Medical Officer of the Scottish Home and Health Department;

"child" for the purposes of regulation 9 means a child under 16 years of age;

"designated medical officer" means a medical officer designated by a Health Board under section 21 of the National Health Service (Scotland) Act 1972 to exercise such functions on behalf of a local authority as may be assigned to him;

"dysentery" includes amoebic and bacillary dysentery;

"enteric fever" includes typhoid and paratyphoid fevers;

"Health Board" means a Health Board constituted in terms of section 13 of the National Health Service (Scotland) Act 1972;

"International Health Regulations" means the International Health Regulations as adopted by the World Health Assembly on 25th July 1969, as amended by the 26th World Health Assembly in 1973;

(a) 1889 c. 72.
(b) 1945 (9 and 10 Geo 6) c. 15.
(c) 1956 c. 30.
(d) 1972 c. 58.

"local authority" means—

(*a*) until 15th May 1975, a county council or the town council of a large burgh;

(*b*) on and after 16th May 1975, an islands or district council;

"medical practitioner" means a registered medical practitioner;

"ophthalmia neonatorum" means any inflammation that occurs in the eyes of an infant within 21 days from the date of its birth and is accompanied by a discharge;

"week" means a period of seven days ending on Friday at the expiry of a Health Board's ordinary office hours;

(2) Unless the context otherwise requires, references in these regulations to any enactment shall be construed as references to that enactment as amended or re-enacted by any subsequent enactment.

(3) Unless the context otherwise requires, any reference in these regulations to a numbered regulation or schedule is a reference to the regulation or schedule bearing that number in these regulations, and any reference in a regulation to a numbered paragraph is a reference to the paragraph bearing that number in that regulation.

(4) The Interpretation Act 1889**(a)** shall apply for the interpretation of these regulations as it applies for the interpretation of an Act of Parliament.

PART II

PROVISIONS AS TO THE NOTIFICATION OF DISEASE AND NOTIFIABLE DISEASES ETC.

Notification

3.—(1) Subject to the provisions of these regulations, a medical practitioner, on becoming aware that a patient is suffering from any disease listed in Schedule 1, shall forthwith transmit a notification thereof to the chief administrative medical officer of the Health Board for the area.

(2) A notification to the chief administrative medical officer of a Health Board under paragraph (1) shall be in the form specified in Schedule 2 or in a form substantially to the same effect.

(3) A notification under paragraph (1) may be transmitted to the chief administrative medical officer of a Health Board by being delivered to or left at an office of the Health Board specified by him or by being sent by post addressed to him at that office.

(4) Nothing in these regulations shall derogate from the provisions of section 3 of the Infectious Disease (Notification) Act 1889 with respect to any disease specified in Part II of Schedule 1.

Weekly Return of Infectious Diseases

4. The chief administrative medical officer of each area shall, at the end of each week or as soon as practicable thereafter, send to the Common Services Agency for the Scottish Health Service a return of the number of cases of each infectious disease and of food poisoning or suspected food poisoning notified to him during that week.

(a) 1889 c. 63.

Exchange of Information

5. A chief administrative medical officer who receives a notification of a case of infectious disease or food poisoning relating to a patient whose usual place of residence is not within the area for which he is chief administrative medical officer shall forthwith notify the chief administrative medical officer of the area in which the usual place of residence of the patient is situated.

Fees for Notification

6. Subject to the provisions of these regulations, the Health Board shall pay to a medical practitioner a fee of 25 pence for each notification or certificate furnished to the chief administrative medical officer of the area under these regulations or under section 3(1)(*b*) of the Infectious Disease (Notification) Act 1889 or section 22(1) of the Food and Drugs (Scotland) Act 1956.

Diseases to be Specially Reported

7.—(1) In this regulation, "a disease subject to the International Health Regulations" means cholera, including cholera due to el tor vibrio, plague, smallpox, including variola minor (alastrim), and yellow fever.

(2) Without prejudice to paragraph (3), a chief administrative medical officer shall immediately inform the Chief Medical Officer of—

(*a*) any case or suspected case of a disease subject to the International Health Regulations; and

(*b*) any serious outbreak of any infectious disease or of food poisoning which, to his knowledge, has occurred in his area.

(3) A chief administrative medical officer who receives a certificate in respect of any case of—

(*a*) a disease subject to the International Health Regulations, or

(*b*) leprosy, or

(*c*) malaria contracted naturally in Great Britain,

shall immediately send a copy to the Chief Medical Officer.

PART III

PROVISIONS FOR PREVENTING THE SPREAD OF CERTAIN DISEASES

Typhus and Relapsing Fever

8. The provisions of Schedule 3 shall have effect in relation to typhus and relapsing fever.

Carriers of Infectious Disease

9.—(1) The provisions of the Public Health (Scotland) Act 1897**(a)** shall apply to and in relation to a carrier of infectious disease in like manner as they apply to and in relation to a person suffering from infectious disease.

(2) A person shall be deemed to be a carrier for the purposes of this regulation if, but only if, he is a person who has been medically examined by a designated medical officer or by a registered medical practitioner nominated by the designated medical officer and in respect of whom that officer has certified—

(a) 1897 c. 38.

(*a*) that he is a person who, although he is not suffering from an infectious disease, is carrying an organism that is capable of causing it; and

(*b*) that he is a danger to others by reason of the probability of his spreading an infectious disease.

(3) A person who is deemed to be a carrier in accordance with this regulation shall be treated as continuing to be a danger to others for such period not exceeding three months as may be specified in a certificate by a designated medical officer, but without prejudice to—

(*a*) the issue of a further certificate following upon a re-examination of that person at any time after the date of a previous certificate; or

(*b*) the right of the person certified to demand a re-examination for the purposes of this regulation at any time during the currency of a certificate on giving to the designated medical officer not less than forty-eight hours previous notice in writing;

and if as a result of any such re-examination the person is not certified as aforesaid the provisions of this regulation shall cease to apply to or in relation to him.

(4) Any person certified as aforesaid or, in the case of such a person being a child, the parent or person having care or charge of him, may appeal to the Health Board to have the certificate cancelled, but the foregoing provisions of this regulation shall apply to and in relation to the person so certified as from the date of the certificate until such certificate is cancelled on appeal.

(5) Where a person appeals to the Health Board under this regulation, the Health Board may authorise one or more persons, whether officers of the Board or not, to investigate the matter and submit a report thereon to the Health Board, whose decision on the appeal shall be final and conclusive.

PART IV

GENERAL

Confidentiality of Documents

10. Any notification or certificate, or copy thereof, and any accompanying or related document, shall be sent in such a manner as to ensure complete confidentiality of the contents during transmission and the information contained therein shall not be divulged to any person except—

(*a*) so far as is necessary for compliance with any enactment (including these regulations), or

(*b*) for the purposes of such action as a designated medical officer considers reasonably necessary for preventing the spread of disease.

Enforcement

11. These regulations shall be enforced and executed—

(*a*) so far as regards Part II—by the Health Board for each area; and

(*b*) so far as regards Part III—by the local authority or local authorities in or for each area.

Revocation

12.—(1) The regulations mentioned in Schedule 4 are hereby revoked.

(2) Section 38 of the Interpretation Act 1889 shall apply as if these regulations were an Act of Parliament and as if the regulations revoked by paragraph (1) were Acts of Parliament repealed by an Act of Parliament.

William Ross,
One of Her Majesty's Principal Secretaries of State.

St. Andrew's House,
Edinburgh.

27th February 1975.

Regulation 3

SCHEDULE 1

PART I

Diseases notifiable by virtue of these Regulations

Acute poliomyelitis (non-paralytic)
Acute poliomyelitis (paralytic)
Anthrax
Dysentery
Leprosy
Leptospiral jaundice
Malaria
Measles
Meningococcal infection
Ophthalmia neonatorum
Plague
Tuberculosis
Viral hepatitis
Whooping cough
Yellow fever

PART II

Diseases to which section 3 of the Infectious Disease (Notification) Act 1889 applies

Smallpox
Cholera
Diphtheria
Membranous croup
Erysipelas
Scarlet fever
Fevers known by any of the following names, typhus, typhoid, enteric*, relapsing, continued or puerperal.

*See the definition of "enteric fever" in regulation 2(1)

Regulation 3

SCHEDULE 2

NOTIFICATION OF INFECTIOUS DISEASE

To the Chief Administrative Medical Officer, Health Board Date

It is my opinion that

A. Patient details

Surname.....Forenames..... Male/Female*

Address†..... Age .....

..... Occupation.....

Usual place of residence (if different).....is suffering from

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B. Details of disease (Please ring as appropriate)

Anthrax	Leptospiral Jaundice	Plague	Tuberculosis Respiratory
Cholera	Malaria	Poliomyelitis Acute Paralytic	Tuberculosis Non-Respiratory
Continued Fever	Measles	Poliomyelitis Acute Non-Paralytic	Typhoid Fever
Diphtheria	Meningococcal Infection	Puerperal Fever	Typhus Fever
Dysentery	Ophthalmia Neonatorum	Relapsing Fever	Viral Hepatitis
Erysipelas	Paratyphoid A	Scarlet Fever	Whooping Cough
Leprosy	Paratyphoid B	Smallpox	Yellow Fever

If any other disease (e.g. one locally notifiable only) please state.....

The following additional particulars are requested in the case of

TUBERCULOSIS Organ or part affected.....

MALARIA OR DYSENTERY (*a*) Is this the patient's first attack? YES/NO*

(*b*) Was the patient infected abroad? YES/NO*

‡WHOOPING COUGH Immunisation status 1 2 3 4

‡MEASLES Immunisation status 1 3 4

C. CERTIFYING DOCTOR

(*a*) Signed .....Medical Practitioner

(*b*) Address .....

(*c*) Did the case occur in practice as medical officer for a hospital, institution or other public body? YES/NO*

NOTES

*Please delete whichever does not apply.

†If not a house the identifying particulars given should be sufficient to enable the address to be promptly found.

‡Immunisation status (Please ring as appropriate)

(1) = primary course of vaccination completed.

(2) = primary course of vaccination started but not completed.

(3) = not vaccinated.

(4) = unknown.

Regulation 8

SCHEDULE 3

Typhus and Relapsing Fever

Measures by Local Authority

1. A designated medical officer shall, if he thinks it necessary, report any case of typhus or relapsing fever in his area to the local authority who may, by notice in writing, require—

(*a*) that such measures as may be specified in the notice shall immediately be taken to the satisfaction of the designated medical officer to obtain the complete destruction of lice and other vectors on the person and clothing of every occupant of the building of which the patient is an inmate, and to secure the destruction of lice or their products in the building; and

(*b*) the temporary segregation, for a period to be specified in the notice, of other inmates of the building or of other persons recently in contact with the patient until their persons and clothing have been completely freed from lice and other vectors.

2. The notice may be addressed to the head of the family to which the patient belongs, to any person in charge of or in attendance on the patient, to any other person in the building of which the patient is an inmate, or to the occupier of the building, and also to any person with whom the patient has recently been in contact.

3.—(1) A local authority may give standing authorisation to a designated medical officer to issue any notice on their behalf under this schedule in relation to any particular case if in his opinion it is immediately and urgently necessary for him to do so for the purpose of preventing the spread of infection.

(2) A designated medical officer shall at the earliest opportunity report any case dealt with under such authorisation, and the action taken by him, to the local authority.

Regulation 12

SCHEDULE 4

Revocations

Regulations Revoked	References
The Public Health (Infectious Diseases) Regulations (Scotland) 1932.	S.R. & O. 1932 /1047 (Rev. XVIII, p. 837).
The Public Health (Tuberculosis) Regulations (Scotland) 1940.	S.R. & O. 1940 /1666 (Rev. XVIII, p. 878).
The Public Health (Infectious Diseases) (Scotland) Amendment Regulations 1949.	S.I. 1949 /1945 (1949 I, p. 3545).
The Public Health (Infectious Diseases) (Scotland) Amendment Regulations 1951.	S.I. 1951 /1414 (1951 II, p. 317)
The Public Health (Infectious Diseases) (Scotland) Amendment Regulations 1958.	S.I. 1958 /1301 (1958 II, p. 2013)
The Public Health (Infectious Diseases) (Scotland) Amendment Regulations 1960.	S.I. 1960 /1689 (1960 II, p. 2807)
The Public Health (Infectious Diseases) (Scotland) Amendment Regulations 1968.	S.I. 1968 /1493 (1968 III, p. 4247).

EXPLANATORY NOTE

(This Note is not part of the Regulations.)

These Regulations consolidate with amendments the Public Health (Infectious Diseases) (Scotland) Regulations 1932 to 1968 relating to the notification and prevention of infectious disease.

Certain infectious diseases are statutorily notifiable under the provisions of the Infectious Disease (Notification) Act 1889; the diseases prescribed by the Act are listed in Part II of Schedule 1. Regulations made under that Act, and under the Public Health (Scotland) Act 1945, prescribed additional notifiable diseases and authorised certain measures for preventing the spread of disease. The diseases notifiable by virtue of the amended regulations are set out in Part I of Schedule 1.

The Regulations also take account of changes brought about by reorganisation of the National Health Service and forthcoming reorganisation of local government in Scotland. Other principal changes from the earlier regulations are—

(*a*) notification requires to be made to the chief administrative medical officer of a Health Board;

(*b*) any obligation to notify a case of disease (in terms of the regulations) now rests solely on a medical practitioner;

(*c*) changes are made to the list of diseases; in particular acute primary pneumonia, acute influenzal pneumonia, encephalitis lethargica and puerperal pyrexia are no longer to be notified; yellow fever is added; infective jaundice has been replaced by two categories—leptospiral jaundice and viral hepatitis; and cerebro-spinal fever has been renamed meningococcal infection;

(*d*) all documents relating to notifications are to be treated as confidential.

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