How much do doctors know about the notification of infectious diseases?

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The process of infectious disease notification in England and Wales is under review.[1] The completeness of notification varies between areas, for different diseases, and during outbreaks.[2-5] Because the reasons for this poor compliance with a statutory duty are not well understood, I investigated the knowledge and attitudes towards notification of general practitioners and junior hospital doctors in one health district.

Subjects, methods, and results

A questionnaire was sent to every principal and trainee in general practice (n=92) and every junior hospital doctor (n=62) in the health district of Salisbury. The questionnaire listed 16 diseases, for which respondents were asked to circle one of three options: notifiable, not notifiable, or don't know. Twelve of the diseases listed are statutorily notifiable, but four are not: AIDS (voluntarily reportable), syphilis (reported by sexually transmitted disease clinics to the Department of Health), legionnaire's disease (not notifiable but ascertained by the voluntary reports of microbiology laboratories), and red monkey disease (fictitious). Further questions asked about who has a responsibility for notification, whether this is a statutory duty, and to whom forms should be sent. The doctors were also asked to rate (on a scale of 1-5) their opinions about the value of disease notification to different organisations. The differences between general practitioners' and junior hospital doctors' answers were analysed with the χ^2 test with Yates's correction.

The overall response rate was 86% (general practitioners 88%, hospital doctors 82%). The number of doctors failing correctly to recognise diseases as notifiable was greatest for viral meningitis, rubella, mumps, and viral hepatitis. Junior hospital doctors were significantly less accurate than general practitioners in recognising measles, bacterial meningitis, mumps, and whooping cough, but a greater proportion of hospital doctors incorrectly identified legionnaire's disease as being notifiable (table).

Number (percentage) of doctors who thought that they have a legal duty to notify specific diseases

Diseases	No (%) of general practitioners (n=81)	No (%) of hospital doctors (n=51)
Statutorily notifiable:		
Cholera	72 (89)	45 (88)
Bacterial meningitis	78 (96)	40 (78)*
Meningococcal septicaemia	71 (88)	42 (82)
Plague	66 (81)	47 (92)
Measles	72 (89)	16 (31)†
Whooping cough	64 (79)	21 (41)‡
Leptospirosis	48 (59)	35 (69)
Lassa fever	46 (57)	33 (65)
Viral hepatitis	40 (49)	28 (55)
Mumps	43 (53)	7 (14)§
Rubella	33 (41)	15 (29)
Viral meningitis	31 (38)	14 (27)
Not statutorily notifiable:		
AIDS	33 (41)	23 (45)
Syphilis	24 (30)	19 (37)
Legionnaire's disease	35 (43)	39 (76)‖
Red monkey disease	9 (11)	7 (14)

*χ^2=8·7, df=1, p<0·005.
†χ^2=44·0, df=1, p<0·0001.
‡χ^2=17·9, df=1, p<0·0001.
§χ^2=19·0, df=1, p<0·0001.
‖χ^2=12·7, df=1, p<0·0005.

Of all doctors who responded, 115 (87%) knew that there is a statutory duty to notify certain infectious diseases. More than 65% of doctors were aware that those who diagnose, confirm diagnosis, or are the consultant in charge have a duty to notify. However, only 37 (46%) general practitioners and 15 (29%) hospital doctors knew that a doctor who suspects the diagnosis may have a duty to notify, and 29 (36%) general practitioners and 24 (47%) hospital doctors incorrectly thought that the microbiology laboratory has a duty to notify.

Both groups of doctors thought notification to be most important to the consultant for communicable disease control and national surveillance and least important to the general practitioner and individual patient.

Only 40% of responding doctors (53) were aware of where completed notification forms should be sent. Although the address is on the form, which folds into a self contained letter, anecdotal reports suggest that the forms are often put in an envelope before posting.

Comment

This survey has shown that some of the deficiencies in notification may be due to the medical profession's lack of knowledge about which diseases are notifiable. It seems likely that in many instances doctors who either suspect or make the diagnosis of a notifiable disease may not recognise it as notifiable or may be unaware of their statutory duty to notifiy. The attitude of doctors to the importance of notification to different groups may account for some disinterest in the process of notification.

Notification of an infectious disease is one of the few statutory obligations of a medical practitioner, and better instruction about it should be given to undergraduates and postgraduates. The findings of this small study are relevant to the review of the existing regulations.

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