



INFECTIOUS DISEASE REPORTING POLICY

POLICY AND PROCEDURE

Department: Quality Improvement

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POLICY AND PROCEDURE – Infectious Disease Reporting Policy

Introduction:

As per UAE Federal Regulations it is mandatory to report infectious and communicable diseases to the relevant regulatory authorities, and in Dubai the Dubai Health Authority (DHA) is responsible for collecting and acting upon information concerning patients with infectious diseases.

Presently all the clinics in Dubai Healthcare City (DHCC) do not have direct access to DHA online reporting system to report all infectious diseases cases therefore, each outpatient clinic in Dubai Healthcare City is required to report all mandatory reportable infectious diseases to Dubai Healthcare City Authority-Regulatory (DHCR) Quality Improvement Department (QID). QID is responsible to report on behalf of the clinics all infectious disease cases to DHA until the time DHA provides direct access to all the DHCC outpatient clinics. The clinics will use the “DHCR Infectious Disease Notification Form” to report these cases to QID, who shall then transfer the same information to the DHA online reporting system.

Hospitals licensed by DHCA shall have direct access to DHA online reporting system and report all the infectious disease cases directly to the DHA.

1. PURPOSE

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| 1.1 | This Policy defines the process for identifying and reporting all infectious disease cases to Dubai Healthcare City Authority-Regulatory (DHCR) in compliance with the federal law of UAE. |
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2. APPLICABLE TO

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| 2.1 | This policy is applicable to all outpatient clinics licensed by Dubai Healthcare City Authority (DHCA) and its branches. |
| 2.2 | All the hospitals operating in DHCC shall contact DHA and get direct access to report all infectious disease cases to DHA. |
| 2.3 | This Policy does not apply to Pharmacy, Diagnostic Centre, and Medical Laboratory Service Providers. |



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3. POLICY STATEMENTS

3.1	All Outpatient Clinics licensed by DHCA are required to report infectious disease cases to the Quality Improvement Department of DHCR in accordance with the procedures described in this policy.
3.2	The Quality Improvement Department of DHCR is responsible to ensure the reported infectious disease cases from the Outpatient Clinics are immediately reported to DHA in accordance with the defined timelines.
3.3	The Quality Improvement Department of DHCR is responsible to communicate recommendations to the Healthcare Operator if deemed necessary.
3.4	Reporting of the following 6 categories of occupations are mandatory for Viral Hepatitis (HBV) cases: <ol style="list-style-type: none"> 1. Nannies / Baby sitters; 2. Housemaids or domestic help (housemaid, driver, cook, gardener, household nurse); 3. Nursery and kindergarten supervisors; 4. Workers in hairdresser salons, beauty centers and health clubs; 5. Workers in the field of food preparation and food control authorities; and/or 6. Workers in cafeterias and restaurants.
3.5	Outpatient Clinics are responsible to ensure attaching scanned copies of the patient's passport or Emirates ID which is mandatory for Non-UAE citizen patient with the following diagnosis: <ol style="list-style-type: none"> 1. HIV (+ve) / (AIDS); 2. Pulmonary Tuberculosis; 3. Leprosy; and/or 4. Hepatitis B (HBV) in case of one of the job titles/occupations mentioned in 3.4. <p>QID shall not follow up with any facility that does not send the required copies but will inform the DHA that the copies were not received.</p>

4. PROCEDURE/STEPS

PROCEDURE SEQUENCE		RESPONSIBILITIES
4.1	In the event of an encounter with a case of reportable infectious disease, the Outpatient Clinics are required to fill out the "DHCR Infectious Disease Notification (IDN) Form".	Outpatient Clinics



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	The form can be found on the DHCR website as mentioned below: <i>Please refer to Forms available on the website</i>	
4.2	Complete the form as per the instructions mentioned on the form i.e. to ensure that all the mandatory fields are completed with the information in the required format. It is mandatory to complete all the mandatory fields of the IDN form as the case cannot be reported to DHA website if this information is missing.	Outpatient Clinics
4.3	Convert the form to pdf version and then submit the pdf version of “DHCR Infectious Disease Notification Form” to the QID of the occurrence to the following email address only idsn@cpq.dhcc.ae in accordance with the defined timelines mentioned in Appendix A (see colour codes for disease groups & their timelines).	Outpatient Clinics
4.4	The Quality Improvement Department staff reviews the IDN form and determines the completeness of the form especially to ensure that all the mandatory fields of the form are completed and contain information in the correct format and has all the required attachments.	QID
4.5	In the event that the form is complete, the Quality Improvement Department staff reports this case to DHA.	QID
4.6	In the event that the form is incomplete, the Quality Improvement Department staff will communicate back to the Outpatient Clinic requesting them to resend the form with complete information.	QID
4.7	Once QID receives the complete information, this case is then reported to DHA. QID Assigned Staff reports this infectious case to DHA website: www.dha.gov.ae as per the defined timelines for reporting diseases.	QID
4.8	The Quality Improvement Department Staff then communicates the DHA submission number to the HCO for their records. This submission number is an automatic number that is generated from the DHA site	QID



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	(www.dha.gov.ae) after submission of the form.	
4.9	The Quality Improvement Department maintains the records of all the reported cases to DHA for statistical reports.	QID

5. DEFINITIONS & ABBREVIATIONS

5.1	DHCA: the Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body.
5.2	DHCC: Dubai Healthcare City.
5.3	DHCR: Dubai Healthcare City Authority Regulatory is the regulatory arm of Dubai Healthcare City Authority. An independent licensing and regulatory authority for all healthcare providers, medical, educational and other business operating within DHCC.
5.4	Healthcare Operator (HCO): an all-inclusive term meaning a hospital, clinic, laboratory, pharmacy or other entity providing healthcare, engaging in one or more clinical activities.
5.5	IDN: Infectious Disease Notification
5.6	Quality Improvement Department (QID): The QID is a department within DHCR. It is responsible for accreditation of Outpatient Clinics and the implementation of the quality oversight processes, policies, and procedures for the DHCA licensed Healthcare Operators.
5.7	Outpatient Clinic: A Healthcare Operator providing any type of medical, day surgical, dental and clinical support service(s) that does not include an overnight stay.

6. APPENDICES

6.1	DHA List of Reportable Diseases
6.2	Infectious Disease Notification Form

7. REFERENCES

7.1	Federal Law no. (14) of 2014 concerning the control of communicable diseases.
7.2	DHCA Governing Regulation No. 1 of 2013.



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APPENDIX 1

LIST OF NOTIFIABLE COMMUNICABLE DISEASES

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Report immediately by telephone and electronic notification

□□1

Report by electronic notification within one calendar day

□□7

Report by electronic notification within five days of identification

Table 1: Group A	Table 2: Group B	Table 3: Group C
Immediately Reportable Diseases	Daily Reportable diseases	Weekly reportable diseases
o AFP/ Poliomyelitis □□	o Brucellosis □1	o Chickenpox □7
o Botulism □□	o Bacterial Encephalitis □1	o Influenza □7
o Cholera □□	o Haemophilus influenza invasive disease □1	o Invasive Pneumococcal Disease (IPD) □7
o Dengue Fever □□	o Hepatitis B □1	o Listeriosis □7
o Diphtheria □□	o Hepatitis C □1	o Mumps □7
o Food borne Illness Specify: □□	o Hepatitis D (Delta) □1	o Scabies □7
· Food poisoning □□	o Hepatitis E □1	o Sexually Transmitted Infection (STIs) □7
· Salmonellosis □□	o Legionellosis □1	e.g.:
· Escherichia coli □□	o Leprosy (Hansen's Disease) □1	· Chlamydia
· Amoebic dysentery □□	o Malaria □1	· Gonorrhoea
· Bacillary dysentery □□	o Meningitis Specify Etiology: □1	· Syphilis (early & late)
· Typhoid /Paratyphoid □□	· Viral	· Chancroid
· Shigellosis □□	· Bacterial	· Genital warts
· Hepatitis A □□	HIV (+ ve)	· Herpes simplex
· Giardiasis □□	o Human Immunodeficiency Virus (HIV)/AIDS □1	· Trichomoniasis
o Measles □□	o Pertussis (Whooping Cough) □1	· Other --- specify □7
o Influenza, Avian (human) □□	o Relapsing Fever □1	o Cytomegalovirus □7
o Influenza A H1N1 □□	o Viral Encephalitis □□	o Tetanus :7



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o Plague <input type="checkbox"/>		o Tuberculosis (Extra-pulmonary) <input type="checkbox"/>
o Rabies <input type="checkbox"/>		o Scarlet fever <input type="checkbox"/>
o Severe Acute Respiratory Syndrome (SARS) <input type="checkbox"/>		o Herpes zoster <input type="checkbox"/>
o Smallpox (Variola) <input type="checkbox"/>		o Trachoma <input type="checkbox"/>
o Tuberculosis (Pulmonary) <input type="checkbox"/>		o Neonatal conjunctivitis <input type="checkbox"/>
o Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) <input type="checkbox"/>		o Infectious mononucleosis <input type="checkbox"/>
o Yellow Fever <input type="checkbox"/>		o Intestinal worms <input type="checkbox"/>
o Neonatal Tetanus <input type="checkbox"/>		o Pneumonia <input type="checkbox"/>
o Anthrax <input type="checkbox"/>		o Ascariasis <input type="checkbox"/>
o Rubella (German measles) <input type="checkbox"/>		o Schistosomiasis <input type="checkbox"/>
o Meningococcal Meningitis <input type="checkbox"/>		o Gonococcal infection <input type="checkbox"/>
o Typhus Fever <input type="checkbox"/>		o Other protozoal intestinal diseases <input type="checkbox"/>
o Nipah Virus <input type="checkbox"/>		o Other zoonotic bacterial diseases not elsewhere classified <input type="checkbox"/>
o MersCov		o Others and unspecified Infectious diseases <input type="checkbox"/>
		o Pulmonary tuberculosis bacteriology and histologically not confirmed <input type="checkbox"/>
		o Tuberculous Meningitis <input type="checkbox"/>
		o Congenital syphilis <input type="checkbox"/>



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APPENDIX 2



FORM – INFECTIOUS DISEASE NOTIFICATION

This form is designed for the mandatory reporting of infectious diseases as required by UAE Federal Law No. 27 of 1981. Each healthcare operator in Dubai Healthcare City is required to report all mandatory reportable infectious diseases either directly to the Dubai Health Authority (DHA) or through Dubai Healthcare City Regulatory (DHCR). This form is to be used by healthcare operators which are NOT registered and do not have direct access to the DHA online Reporting System.

How to use this form:

Download this form and store on a computer. When you have a case to report to DHCR, enter the details using Microsoft Office. Complete **ALL** mandatory fields (*) by typing in the required information or by selecting the appropriate information from the dropdown box. Once complete then SAVE the form on your computer with a unique file name. **IMPORTANT – Save as a PDF, DO NOT save as a Word document.**

Email a copy of the saved PDF file to DHCR at idsn@cpq.dhcc.ae with any required attachment. **This form contains confidential patient information and it should only be sent to the email address above.** Alternatively complete and print the form and send in a sealed envelope marked "IDN Report" to Quality Improvement Department in DHCR.

Reporting Facility Details

*Facility name:
*Facility telephone #:
*Facility email address:
*Reporting physician:
*Contact person:

Patient Details:

*Employment/File No.
*Patient Name
*Date Of Birth *Sex *Nationality
(dd/mm/yyyy)
*Occupation *Food Handler
*Place of Work / School
*Home Tel. Office Tel. Mobile



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*Emirates	----	Area	Borj Dubai
*Address	<input type="text"/>		
Passport No.	<input type="text"/>	Emirates Id	<input type="text"/>
*HBV Occupation	Not Applicable		
*Diagnosis	-- Select --	*Status	--Select--
*Date of onset (dd/mm/yyyy)	<input type="text"/>	Spleen Index (Only for Malaria)	<input type="text"/>
Previous therapy	<input type="text"/>		
*Visit outside UAE within last 2 weeks	--Select--	Where?	--Select--
*Passport/Emirates Id Copy Attached	--Select--		

Attach a scanned copy of passport or ID card for all +ve cases of HIV, AIDS, Tuberculosis, HBV and Leprosy.

DHA may contact you for further information.