
Serious Communicable Diseases

October 1997

Important notice

Due to changes in the law, paragraphs 8-11 of this booklet are now out of date. Please read full information about [changes to the law and how they affect our Serious Communicable Diseases guidance](#).

Guidance to Doctors

Being registered with the General Medical Council gives you rights and privileges. In return, you must meet the standards of competence, care and conduct set by the GMC.

The GMC's [Good Medical Practice \(2006\)](#) describes the essential elements of good standards of practice and care. This guidance expands on that advice in relation to the treatment of patients with serious communicable diseases and the responsibilities of doctors who have or may have such diseases.

Use of term 'serious communicable disease'

In this guidance the term serious communicable disease applies to any disease which may be transmitted from human to human and which may result in death or serious illness. It particularly concerns, but is not limited to, infections such as human immunodeficiency virus (HIV), tuberculosis and hepatitis B and C.

Providing a good standard of practice and care

1. All patients are entitled to good standards of practice and care from their doctors, regardless of the nature of their disease or condition.
2. You must not deny or delay investigation or treatment because you believe that the patient's actions or lifestyle may have contributed to their condition. Where patients pose a serious risk to your health or safety you may take reasonable, personal measures to protect yourself before investigating a patient's condition or providing treatment. In the context of serious communicable diseases these will usually be infection control measures. You must follow the guidance in paragraph 4 on consent to testing.
3. You must keep yourself informed about serious communicable diseases, and particularly their means of transmission and control. You should always take appropriate measures^{1,2,3} to protect yourself and others from infection. You must make sure that any staff for whom you are responsible are also appropriately informed and co-operate with measures designed to prevent transmission of infection to other patients.

Consent to testing for a serious communicable disease

4. You must obtain consent from patients before testing for a serious communicable disease, except in the rare circumstances described in paragraphs 6, 7, 9, 11 and 17 below. The information you provide when seeking consent should be appropriate to the circumstances and to the nature of the condition or conditions being tested for. Some conditions, such as HIV, have serious social and financial, as well as medical, implications. In such cases you must make sure that the patient is given appropriate information about the implications of the test, and appropriate time to consider and discuss them⁴.

Children

5. When testing patients under 16 for a serious communicable disease, you must follow the guidance in paragraph 4 if you judge that they have sufficient maturity to understand the implications of testing.
6. Where a child cannot give or withhold consent, you should seek consent from a person with parental responsibility for the child. If you believe that that person's judgement is distorted, for example, because he or she may be the cause of the child's infection, you must decide whether the medical interests of the child override the wishes of those with parental responsibility. Whenever possible you should discuss the issues with an experienced colleague before making a decision. If you test a child without obtaining consent, you must be prepared to justify that decision.

Unconscious patients

7. You may test unconscious patients for serious communicable diseases, without their prior consent, where testing would be in their immediate clinical interests - for example, to help in making a diagnosis. You should not test unconscious patients for other purposes.

Injuries to health care workers

8. If you or another health care worker has suffered a needlestick injury or other occupational exposure to blood or body fluids and you consider it necessary⁵ to test the patient for a serious communicable disease, the patient's consent should be obtained before the test is undertaken. If the patient is unconscious when the injury occurs consent should be sought once the patient has regained full consciousness. If appropriate, the injured person can take prophylactic treatment until consent has been obtained and the test result is known⁶.

9. If the patient refuses testing, is unable to give or withhold consent because of mental illness or disability, or does not regain full consciousness within 48 hours, you should reconsider the severity of risk to yourself, or another injured health care worker, or to others. You should not arrange testing against the patient's wishes or without consent other than in exceptional circumstances, for example where you have good reason to think that the patient may have a condition such as HIV for which prophylactic treatment is available. In such cases you may test an existing blood sample, taken for other purposes⁷, but you should consult an experienced colleague first. It is possible that a decision to test an existing blood without consent could be challenged in the courts, or be the subject of a complaint to your employer or the GMC. You must therefore be prepared to justify your decision.

10. If you decide to test without consent, you must inform the patient of your decision at the earliest opportunity. In such cases confidentiality is paramount: only the patient and those who have been exposed to infection may be told about the test and its result. In these exceptional circumstances neither the fact that test has been undertaken, nor its result, should be entered in the patient's personal medical record without the patient's consent.

11. If the patient dies you may test for a serious communicable disease if you have good reason to think that the patient may have been infected, and a health care worker has been exposed to the patient's blood or other body fluid. You should usually seek the agreement of a relative before testing. If the test shows the patient was a carrier of the virus, you should follow the guidance in paragraphs 21 - 23 of this booklet on giving information to patients' close contacts.

Testing in laboratories

12. It is the responsibility of the doctor treating the patient to obtain consent to testing for diagnostic purposes. If you work in a laboratory you may test blood or other specimens for serious communicable diseases only for the purposes for which the samples have been obtained, or for closely related purposes which are in the direct interests of the patient. See paragraph 14 for guidance on testing undertaken for research purposes.

Unlinked anonymised screening

13. In unlinked anonymised surveillance programmes for serious communicable diseases, you should make sure that patients are provided with information which covers:

- Their right to refuse inclusion of the sample in the programme.
- The fact that their blood sample cannot be identified and there is no way of tracing it back to them.
- The benefits of seeking a test if they think they have been exposed to infection.

Research

14. You may undertake research only where the protocol has been approved by the appropriate, properly constituted research ethics committee. It remains your responsibility to ensure that research does not infringe patients' rights.

Deceased patients

15. When a patient who is brain stem dead is being considered as an organ donor, you should explain to relatives that assessing the suitability of organs for transplantation will involve testing for certain infections, including HIV.

Post-mortem testing

16. Where a post-mortem has been authorised or ordered⁸ you may test the deceased patient for communicable diseases where relevant to the investigation into the causes of death.

17. You should not routinely test for serious communicable diseases before performing post-mortems; but you should take precautions to protect yourself and other health care workers. If you have reason to believe the deceased person had a serious communicable disease, you should assume the body to be infectious.

Confidentiality

Informing other health care professionals

18. If you diagnose a patient as having a serious communicable disease, you should explain to the patient:

- a. The nature of the disease and its medical, social and occupational implications, as appropriate.
- b. Ways of protecting others from infection.
- c. The importance to effective care of giving the professionals who will be providing care information which they need to know about the patient's disease or condition. In particular you must make sure that patient understands that general practitioners cannot provide adequate clinical management and care without knowledge of their patients' conditions.

19. If patients still refuse to allow other health care workers to be informed, you must respect the patients' wishes except where you judge that failure to disclose the information would put a health care worker or other patient at serious risk of death or serious harm. Such situations may arise, for example, when dealing with violent patients with severe mentally illness or disability. If you are in doubt about whether disclosure is appropriate, you should seek advice from an experienced colleague. You should inform patients before disclosing information. Such occasions are likely

to arise rarely and you must be prepared to justify a decision to disclose information against a patient's wishes.

Disclosures to others

20. You must disclose information about serious communicable diseases in accordance with the law. For example, the appropriate authority must be informed where a notifiable disease is diagnosed. Where a communicable disease contributed to the cause of death, this must be recorded on the death certificate. You should also pass information about serious communicable diseases to the relevant authorities for the purpose of communicable disease control and surveillance.

21. As the GMC booklet [Confidentiality](#) makes clear, a patient's death does not of itself release a doctor from the obligation to maintain confidentiality. But in some circumstances disclosures can be justified because they protect other people from serious harm or because they are required by law.

Giving information to close contacts

22. You may disclose information about a patient, whether living or dead, in order to protect a person from risk of death or serious harm. For example, you may disclose information to a known sexual contact of a patient with HIV where you have reason to think that the patient has not informed that person, and cannot be persuaded to do so. In such circumstances you should tell the patient before you make the disclosure, and you must be prepared to justify a decision to disclose information.

23. You must not disclose information to others, for example relatives, who have not been, and are not, at risk of infection.

Doctors' responsibilities to protect patients from infection

24. You must protect patients from unnecessary exposure to infection by following safe working practices and implementing appropriate infection control measures. This includes following the Control of Substances Hazardous to Health Regulations 1994 and other health and safety at work legislation. These regulations may require you to inform your employer, or the person responsible for health and safety in your organisation, if there are any deficiencies in protection measures in your work place. Failure to do so may amount to a criminal offence.

25. You must follow the UK Health Departments' advice on immunisation against hepatitis B⁹. If you are in direct contact with patients you should protect yourself and your patients by being immunised against other common serious communicable diseases, where vaccines are available.

26. You must always take action to protect patients when you have good reason to suspect that your own health, or that of a colleague, is a risk to them.

27. You must consider how any infection you have may put patients at risk. You must take particular care if you work with patients for whom exposure to infection may be serious, for example pregnant women or immuno-suppressed patients.

28. You must comply promptly with appropriate requests to be tested for serious communicable diseases when there is an investigation into an outbreak of disease amongst patients.

Responsibilities of doctors who have been exposed to a serious communicable disease

29. If you have any reason to believe that you have been exposed to a serious communicable disease you must seek and follow professional advice without delay on whether you should undergo testing and, if so, which tests are appropriate. Further guidance on your responsibilities if your health may put patients at risk is included in [Good Medical Practice \(2006\)](#).

30. If you acquire a serious communicable disease you must promptly seek and follow advice from a suitably qualified colleague - such as a consultant in occupational health, infectious diseases or public health¹⁰ on:

- Whether, and in what ways, you should modify your professional practice.
- Whether you should inform your current employer, your previous employers or any prospective employer, about your condition.
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31. You must not rely on your own assessment of the risks you pose to patients.

32. If you have a serious communicable disease and continue in professional practice you must have appropriate medical supervision.

33. If you apply for a new post, you must complete health questionnaires honestly and fully.

Treating colleagues with serious communicable diseases

34. If you are treating a doctor or other health care worker with a serious communicable disease you must provide the confidentiality and support to which every patient is entitled.

35. If you know, or have good reason to believe, that a medical colleague or health care worker who has or may have a serious communicable disease, is practising, or has practised, in a way which places patients at risk, you must inform an appropriate person in the health care worker's employing authority, for example an occupational health physician, or where appropriate, the relevant regulatory body¹¹. Such cases are likely to arise very rarely. Wherever possible you should inform the health care worker concerned before passing information to an employer or regulatory body.

Notes

1 Guidance for Clinical Health Care Workers: Protection against infection with HIV and Hepatitis Viruses. HMSO 1990

2 Safe working and the prevention of infection in clinical laboratories. Health Services Advisory Committee of the Health and Safety Commission, 1991.

3 Safe working and the prevention of infection in the mortuary and post-mortem room. Health Services Advisory Committee of the Health and Safety Commission, 1991.

4 Further guidance is available from the Department of Health: Guidelines for pre-test discussion on HIV testing, 1996 under cover of PL/CMO(96)1, available from Department of Health PO Box 410, Wetherby, LS23 7LN

5 Wherever possible you should consult an occupational health physician or other suitably qualified colleague before making a decision about testing.

6 Post-exposure prophylaxis for Health Care Workers Exposed Occupationally to HIV. Expert Advisory Group on AIDS, UK Health Departments, 1997

7 Taking blood from a patient without consent may leave you open to criminal charges.

8 Doctors should take account of the legislation governing the circumstances in which post mortems may be carried out.

9 Protecting health care workers and patients from hepatitis B - Recommendations of the Advisory Group on Hepatitis, August 1993, UK Health Departments (HSG(93)40 from Department of Health, Communicable Diseases Branch, room 733 Wellington House, 135-155 Waterloo Road, London SE1 8UG Tel: 020 7972 4382 and EL(96)77 available from Department of Health, PO Box 410, Wetherby, LS23 7NL

10 Advice on HIV & AIDS is published by the UK Health Departments: 'AIDS/HIV infected health care workers: Guidance on the management of infected health care workers'. Additional guidance for doctors suffering from blood-borne viruses and their medical advisers may be obtained, on an anonymous basis, from the UK Advisory Panel for Health Care Workers Infected with Blood Borne Viruses, Department of Health, Communicable Diseases Branch, Room 733 Wellington House, 135-155 Waterloo Road, London SE1 8UG Tel: 020 7972 4382.

11 For example, General Medical Council, General Dental Council, United Kingdom Central Council for Nursing, Midwifery and Health Visiting, The Council for Professions Supplementary to Medicine, The General Optical Council.

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