Registered Medical Practitioner in England and Wales have a statutory duty to notify a Proper Officer of the local authority, often the CCDC (Consultant in Communicable Disease Control), of suspected cases of certain infectious diseases:

- Acute encephalitis
- Haemolytic uraemic syndrome *
- Rubella
- Acute infectious hepatitis
- Infectious bloody diarrhoea *
- SARS *
- Acute meningitis
- Invasive group A Streptococcal disease
- Scarlet fever
- Acute poliomyelitis
- Legionnaires disease *
- Smallpox
- Anthrax
- Leprosy
- Tetanus
- Botulism *
- Malaria
- Tuberculosis
- Brucellosis *
- Measles
- Typhus
- Cholera
- Meningococcal septicaemia
- Viral haemorrhagic fever
- Covid-19
- Monkeypox
- Whooping cough
- Diphtheria
- Mumps
- Yellow fever
- Enteric fever (typhoid or paratyphoid)
- Plague
- Food poisoning
- Rabies

* Notifiable from 6 April 2010

Notifications of infectious diseases, some of which are later microbiologically confirmed, prompt local investigation and action to control the diseases. Proper officers are required every week to inform the UK Health Security Agency (UKHSA) (formerly the Registrar General) anonymised details of each case of each disease that has been notified. UKHSA has responsibility of collating the weekly returns from proper officers and publishing analyses of local and national trends.
### Table 1  Statutory notifications of infectious diseases in the past 6 weeks, with totals for the current year compared with corresponding periods of the preceding 2 years.

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<th>Disease</th>
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<th>Cumulative Totals</th>
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<td>Paratyphoid fever - presumed contracted abroad</td>
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† Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
### Table 2  Statutory notifications of infectious diseases for England and Wales

**Week ending 31 Jul 2022**

by UKHSA region, county, local and unitary authority

<table>
<thead>
<tr>
<th>Disease</th>
<th>England and Wales</th>
<th>Port Health Authorities</th>
<th>Tyne and Wear</th>
<th>North East</th>
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† Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
Table 2  Statutory notifications of infectious diseases for England and Wales by UKHSA region, county, local and unitary authority

Week ending 31 Jul 2022

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<th>Greater Manchester</th>
<th>Lancashire</th>
<th>Merseyside</th>
<th>Unitary Authorities</th>
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<td>Whooping cough</td>
<td>† Tuberculosis</td>
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‡ Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
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<th>Region</th>
<th>† Measles</th>
<th>‡ Mumps</th>
<th>‡ Rubella</th>
<th>Scarlet fever</th>
<th>Whooping cough</th>
<th>Acute meningitis</th>
<th>† Tuberculosis</th>
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† Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
### Table 2  Statutory notifications of infectious diseases for England and Wales

#### Week ending 31 Jul 2022

by UKHSA region, county, local and unitary authority

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<th>Mumps</th>
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<th>Scarlet fever</th>
<th>Whooping cough</th>
<th>Scarlet Fever</th>
<th>Tuberculosis</th>
<th>Acute meningitis</th>
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† Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
### Table 2  Statutory notifications of infectious diseases for England and Wales

#### Week ending 31 Jul 2022

by UKHSA region, county, local and unitary authority

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<th>Acute meningitis</th>
<th>Scarlet fever</th>
<th>Whooping cough</th>
<th>Scarlet fever+</th>
<th>Mumps‡</th>
<th>Measles‡</th>
<th>Rubella‡</th>
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‡ Excluding chemoprophylaxis
‡‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
### Table 2  Statutory notifications of infectious diseases for England and Wales

**Week ending 31 Jul 2022**

by UKHSA region, county, local and unitary authority

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† Excluding chemoprophylaxis

‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
Table 2 Statutory notifications of infectious diseases for England and Wales
Week ending 31 Jul 2022
by UKHSA region, county, local and unitary authority

<table>
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† Excluding chemoprophylaxis
‡ A substantial proportion of notified cases are shown subsequently not to be the implicated infection
## Table 2

### 2022/30

Notifications not shown or not shown separately in the main table

Diseases not shown here or on main table may be presumed to have no cases this week

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### Notes

- **Brucellosis**
  - 1 case in Braintree, Essex

- **COVID-19**
  - 9 cases across various districts/UA:
    - 3 cases in Barnsley, South Yorkshire
    - 1 case in Birmingham, West Midlands
    - 1 case in Coventry, West Midlands
    - 1 case in Hambleton, North Yorkshire
    - 1 case in Lancaster, Lancashire
    - 1 case in Sunderland, Tyne and Wear
    - 1 case in Wirral, Merseyside
    - 1 case in Tameside, Greater Manchester
    - 1 case in Swale, Kent

- **Campylobacteriosis**
  - 1 case in Allerdale, Cumbria
  - 1 case in Bexley, Outer London
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