

REPORTING UNUSUAL PUBLIC HEALTH EVENTS: GUIDANCE FOR CLINICIANS

WHAT IS AN UNUSUAL EVENT?

An unusual event of public health concern by nature does not meet existing notifiable reporting criteria.

A reportable event could be:

- Any outbreak of disease
- Any uncommon illness of potential public health significance
- Any infectious or infectious-like syndrome considered unusual by the clinician, based on
 - **frequency** (e.g., a sudden, unexplained, significant increase in the number of patients, especially when it occurs outside the normal season)
 - **circumstances of occurrence** (e.g., many patients coming from the same location or participating in similar activities)
 - **clinical presentation** (e.g., a patient's health rapidly deteriorating out of proportion to the presenting symptoms and diagnosis)
 - **severity** (e.g., a number of patients failing to respond to treatments)

WHY REPORT AN UNUSUAL EVENT?

As clinicians, you are the first link in the public health chain, positioned to identify events that may pose a threat to the community. Public health authorities rely on clinician reports in order to detect, assess and respond to events of public health concern.

Clinicians may unknowingly be observing the same event; by compiling reports from multiple sources, public health authorities can more easily identify public health threats and provide a coordinated and timely response.

WHAT HAPPENS AFTER YOU REPORT AN UNUSUAL EVENT?

Mutual exchange of information between you and the public health authorities is essential for the decision-making process.

The public health authority will assess the event and its potential public health implications together with you based on criteria such as:

- The nature of the event (the disease, cause, time, place and person)
- The nature of the disease (chain of transmission, incubation period, diagnostics, treatment, and epidemiological situation)
- Potential for spread
- Preventability
- The overall impact of the event (severity, cost and public interest)



As part of the assessment, other partners such as hospitals, infectious disease specialists, local authorities, reference laboratories, food safety and water/environment authorities may be consulted.

The result of the mutual risk assessment might be:

- 1) Clinical case management without public health action.
- 2) Investigation (clinical, epidemiological, microbiological and/or environmental) that may or may not result in a public health intervention.

HOW TO REPORT AN UNUSUAL EVENT?

Contact the Public Health Authority

24 hours a day, 7 days a week at:

Phone: 123-456-7891

Fax: 123-456-7888

Email: report@report.com

Online: www.website.com

For updated information, please visit: www.website.com

There are no consequences for over-reporting. If you are unsure about whether or not to report, please report, regardless of whether an event is suspected or confirmed.

Doctor-patient confidentiality legislation does not prevent clinicians from reporting protected health information to public health authorities for the purpose of preventing or controlling disease. Patient confidentiality will be maintained by public health authorities at all levels.

EXAMPLES OF EVENT REPORTING

The following examples, based on real-life experiences, illustrate the consequences of event reporting in European countries.

In many cases, prompt reporting from a clinician has led to an important public health intervention:

“A hospital clinician saw three cases of cutaneous lesions, leading to hospitalization. This was reported to the district health authority, which started an investigation. A total of 40 cases of cow pox were identified, all linked to domestic rats, imported from a neighbouring country.”

*“A general practitioner reported a cluster of respiratory illness of unknown cause to the public health authorities. Through further investigation, an outbreak of *Coxiella burnetii* (Q-fever) was identified.”*

In other cases, delays in reporting events have complicated the public health response:

“Delayed reporting of staphylococcus infection in newborns from one large hospital resulted in further dissemination of infection in a number of other health care facilities.”

“A marked increase in the number of domestic cases of diarrhoea was not reported. This delayed detection and response to a Giardiasis outbreak in a non-endemic country”.