



Communicable Disease Notification Policy
and Procedure

AMRH/IC/P&P/018/Vers.01
Effective Date: March 2023
Review Date: March 2026

Institute Name: Al Masarra Hospital, MOH					
Document Title: Communicable Disease Notification Policy and Procedure					
Approval Process					
	Name	Designation	Institution	Date	Signature
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Approved by	Dr.Bader AL Habsi	Executive Director	Al Masarra Hospital	March 2023	





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Acronyms

AMRH	Al Masarra Hospital
HOD	Head Of Department
HCWs	Health Care Workers
P&P	Policy & Procedure
Vers.	Version Number
DSC	Disease Surveillance Control
IPC	Infection Prevention and Control
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B virus
HBC	Hepatitis C virus



Communicable Disease Notification Policy and Procedure

1. Introduction

Despite progress in healthcare system, communicable diseases still continue to cause morbidity across the world and even in Sultanate of Oman. Communicable disease surveillance which includes notification is a major part of the infection prevention and control program in every hospital which needs continuous follow up. In Al Masarra Hospital (AMRH) we recognize the importance of local communicable disease notification, thus a standard procedure is formulated for this purpose.

2. Scope

This document is applicable to healthcare professionals involved in the process of diagnosis and notification of communicable diseases in AMRH which include Infection prevention & Control Practitioner, doctors, Head of laboratory department, and staff nurses.

3. Purpose

- 3.1. To establish a proper, complete, and timely notification of communicable disease in Al Masarra Hospital
- 3.2. To systematically document the statistics of communicable diseases cases among admitted patients in Al Masarra Hospital

4. Definitions

- 4.1. Communicable disease: synonymous to infectious diseases; an illness secondary to exposure to infectious causative agents/ toxic products that is transmissible to others to cause spread of infections/illness/disease.
- 4.2. Notifiable disease: a disease that by legal requirements must be reported to the public health authority upon disease diagnosis
- 4.3. Notification: the process of informing/communicating to the respective health authorities regarding a disease/ health event/ cases/ outbreaks



4.4 Surveillance: refers to the monitoring of the occurrence and distribution of disease, events, or conditions with increased risk of transmission.

4.5. Group B diseases and syndromes communicable diseases: the group of communicable diseases that are priority and are required to be notified accordingly although the urgency of reporting is within one week/ seven (7) days to provide sufficient time for clinical and laboratory investigations; except for the cases of outbreak. This group comprises Acute Viral Hepatitis, Acute/chronic Hepatitis B&C, (Human Immunodeficiency Virus) HIV & AIDS, Mumps, typhoid fever, pertussis, other meningitis syndrome, etc.,

5. Policy

5.1. Although reporting communicable diseases is one of the major responsibilities of the physician making the diagnosis, healthcare professionals such as laboratory staff, infection prevention and control, and nursing staff are equally responsible. Health information officers and medical records officers are also contributors on proper communicable disease surveillance.

5.2. Due to existence and practice of e- notification and reporting, Al Shifa-3Plus System is official the web-based/ online notification system for communicable diseases being utilized in AMRH.

5.3. The main concern of the AMRH communicable disease notification is the timely notification and reporting of Group B diseases and syndromes communicable diseases, particularly the HIV, Hepa B Virus (HBV), and hepatitis C virus (HCV) due to numerous cases of these illnesses. Nevertheless, other communicable diseases belonging to other group must still be notified and reported accordingly.

5.4. HIV must be notified to infection control as soon as the result is available and confirmed to be positive.

6. Procedure

6.1. The requesting physician or psychiatrist will request for the communicable disease investigation of HIV, HBV & HCV based on clinical indication or as routine investigation prior to any treatment or medication.



- 6.2. The ward staff nurse will collect the blood sample from the patient aseptically and sent to laboratory
- 6.3. Once the results came positive, the laboratory staff will inform the infection prevention and control accordingly as per notification timeframe allows.
- 6.4. As additional measure, the infection prevention & control staff will gather data pertaining to communicable diseases positive results from the laboratory department every Thursday.
- 6.5. The infection prevention & control staff will enter the notification in the Al Shifa System/ Tarassud+ program for every newly diagnosed patient.

7. Responsibilities:

- 7.1. Head of Laboratory shall provide the new communicable disease tested positive results to the infection prevention & control department each week.
- 7.2. Infection Control Practitioner shall
 - 7.2.1. Conduct Weekly collection & notification of the communicable diseases tested and resulted positive provided by the head of laboratory and all wards.
 - 7.2.2. Report and make notifications through Al shifa system/ Tarassud+ program on a weekly basis.
- 7.3. Treating doctor/physician/psychiatrist shall request the communicable disease investigation (HIV, HBV &HCV) for the concerned patients
- 7.4. Staff Nurses shall
 - 7.4.1. Collect and send the blood sample from the patient to the laboratory
 - 7.4.2. Inform the treating doctor and IPC staff, if applicable, upon finding out of a positive result communicable disease.



8. Document History and Version Control Table:

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Siham Al Zadjali	March 2026
02			
Written by		Reviewed by	Approved by
Siham Al Zadjali		Husnia Al Saadi Maria Claudia Fajardo-Bala Wafa Al Balushi	Dr. Bader Al Habsi

9. Related Documents

9.1. Appendix 1. Surveillance of Hospital acquired infection Form

9.2. Appendix 2. Audit Tool

9.3. Appendix 3. Document Request Form

9.4. Appendix 4. Document Validation Checklist

10. References

Title of book/Journal/Website	Author	Year of publication	page
Reporting infection control concerns	GCC centre for infection control	2014	24
Communicable Diseases Manula 3 rd Edition	MoH, Directorate General for Diseases Surveillance and Control	2017	1-243



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11. Attachments:

Patient sticker

Appendix 1. Surveillance of Hospital Acquired Infection Form

Ward:-----

Date of admission:-----

Infection Control related Diagnosis:-----

Clinical Summary:-----

Investigations	
Type Of Investigation	Results

Treatment/Antibiotic		
Name Of The Antibiotic/Medication	Date Started	Date Discontinued/Stopped

Name of assigned staff nurse:-----

Date:-----

Time:-----

Follow up report and recommendations by infection control practitioner

Name:

Signature:



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Appendix 2.Audit Tool

Audit Tool

Department:	Date
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S. #	Audit process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Interview	Is the staff are aware about communicable disease notifications policy					
2.	Document Interview	Is the treating doctor requesting for the communicable disease investigation(HIV, HBV &HCV) for the concerned patients					
3.	Observation Interview	Is the staff collecting and sending the sample from the concerned patient?					
4.	Observation Interview	Is the infection prevention & control staff receiving the communicable notification of positive results from the laboratory department each Thursday?					
5	Observation Interview Document	Is the infection prevention & control staff will enter the notification in the Trassud+ program for newly diagnosed patient?					



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Appendix 3.Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	12/2/2023
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Prevention & Control Department	Email	
The Purpose of Request			
<input checked="" type="checkbox"/> Develop New Document	<input type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Communicable Disease Notification Policy and Procedure		
Document Code	AMRH/IC/P&P/018/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:	
Comment and Recommendation: <i>to proceed with the document</i>			
Name	Kunooz Balushi	Date	March 2023
Signature		Stamp	



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Appendix 3.Document Validation Checklist

Document Validation Checklist					
Document Title: Communicable Disease Notification Policy and Procedure			Document Code: AMRH/IC/P&P/018/Vers.01		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			OK
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps			✓	
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criterial				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations For implementation ✓ More revision To be cancelled					
Reviewed by : Kunooz Balushi			Reviewed by: Maria Claudia Fajardo-Bala		

Kunooz Balushi



Maria Claudia Fajardo-Bala