HepSEQ and Patient Confidentiality

Since December 2001 the Health Protection Agency (and previously the Public Health Laboratory Service) has gained approval under section 60 of the Health and Social Care Act for the use of confidential patient information for the surveillance, control and prevention of communicable diseases. The application covered reporting of non statutorily notifiable infectious diseases, enhanced surveillance for certain diseases including some that are statutorily notifiable and for the surveillance and control of communicable diseases in general. It also defined circumstances in which confidential patient information may be processed for medical purposes under the Regulations.

The application included many examples of the public health surveillance that HPA sought to continue. The three reasons cited for requiring this approval were as described as follows:

1. Preventive Medicine and Health Protection - (Communicable Diseases): recognition, control and prevention of communicable diseases, including the recognition of outbreaks and adverse vaccine reactions, through the collation and linkage of clinical and laboratory data. Providing for the public, professionals and government concerning levels of disease and risk.
2. Support for and improving provision of patient care and treatment: As well as its clinical diagnostic service (which would not be expected to fall within this section 60 application) the PHLS, along with collaborators (NHS laboratories, CCDCs, Infection Control Nurses, Environmental Health Officers, Food Standards Agency and others), uses patient identifiable information in undertaking public health duties with a direct impact on patient care e.g. (i) monitoring of antibiotic resistance to guide patient management and evaluate prescribing policy (ii) investigation and management of outbreaks and incidents of communicable disease (iii) monitoring the delivery, efficacy and safety of immunisation programmes, including detecting true adverse reactions to vaccines (iv) monitoring levels of infection acquired through food or water.
3. Informing individuals about their diagnosis and exposure to communicable disease: Examples are (i) Follow up by Environmental Health Officers of food poisoning (ii) confirmation of clinical diagnosis by (consented) salivary testing in reported clinically diagnosed measles, mumps & rubella (iii) Exposure to infectious disease carried by, for instance, a health care worker infected with a blood borne virus (“look backs”).

It is the opinion of the Centre for Infections (including the Caldicott guardian) that data collected in HepSEQ would constitute enhanced surveillance under purposes 1 and 2 outlined above. Therefore collection of such data should not require separate ethical approval or approval by local Caldicott guardians. To clarify this, a letter is being sent to the Patient Information Advisory Group to seek clarification that we are covered for the collection of patient information for Bioinformatics Databases.

Even with this approval the HPA operates under the highest standards of confidentiality possible. Within the Centre for Infections a high level of compliance with the recommendations of the Caldicott Report achieved. Auditing performance in this area is ongoing so that continuous improvement is taking place.

Further reading:

1. Patient Information Advisory Group - *Application from the Public Health Laboratory Service for Communicable Disease Surveillance and Control* (344KB)
2. The PIAG statutory instrument (*SI 2002 No.1438 - The Health Service Control of Patient Information Regulations 2002*) approved on 1 June 2002. Approval is renewed each year.