Knowledge of Infectious Disease Reporting amongst Military and Civilian Medical Officers

Maj S F Drysdale

MRCS, LRCP, RAMC

Medical Branch, HQ UKLF, Wilton, Salisbury, Wilts SP2 0AG

SUMMARY: Anecdotally expressed concern over the military/civilian interface regarding infectious disease notification, and the current review of procedures in both civilian and military settings prompted this study. Its aim was to quantify knowledge of doctors involved in the provision of care to Army personnel and their dependants in the United Kingdom regarding infectious disease reporting and make recommendations to improve the process. A questionnaire was sent to all such military and civilian doctors in the Southern Military District of England. The group was no less knowledgeable than others studied previously. Differences were found in the knowledge of reporting procedures between civilian and military doctors, with military hospital doctors demonstrating particularly poor knowledge. It is recommended that specific instruction on all aspects of infectious disease reporting be given to doctors joining the Army and to civilian GPs involved in care of the Military.

Introduction

The Acheson report (1) expressed concern about the level of doctors' knowledge of the infectious disease reporting system. The process of notification in England and Wales is currently under review (2) and a concurrent review of the Army's notification system recently resulted in the production of a Joint Policy Letter (3) (JPL) on the subject. Anecdotally expressed concern about the completeness and timeliness of reporting of infectious diseases occurring in the military population in the UK prompted this survey.

The survey aimed to quantify the knowledge of doctors concerning the infectious disease notification system before the issue of the JPL and to make recommendations on the training of Postgraduate Medical Officers in this field.

Subjects and Methods

All military Medical Officers and Civilian Practitioners providing Primary Health Care in Southern Military District in England and all doctors working at the Cambridge Military Hospital, Aldershot were included in the survey.

A questionnaire adapted very slightly from one used recently in Salisbury (4) was circulated to all doctors. Respondents were asked to state whether each of a list of 16 diseases was notifiable. Questions on the designation of the reporting form, where to obtain it and to whom to send it were asked. Further questions on responsibility for notification and whether this was a statutory duty were included. Finally respondents were asked for their opinion as to the usefulness of reported information to various individuals or organisations.

As it had been used previously in an exclusively civilian setting (4), the questionnaire was piloted on an intake of Postgraduate Medical Officers. One hundred and fifty three questionnaires were then distributed with

prepaid, self-addressed envelopes. A letter exhorting compliance was sent to non responders 4 weeks later with a second copy of the questionnaire.

Comparison of group scores was carried out using the contingency table feature of Statgraphics Plus.

Results

A total of 110 responses was obtained, giving an overall response rate of 73%. In 10 cases it was not possible to identify the status of the doctor concerned. These were not included in any of the subgroups between which comparisons were made. Of the 74 questionnaires sent to hospital doctors, only 37 (50%) were returned. Of the 37 hospital based doctors were military. The response from GPs was somewhat better, with 63 (80%) replies received from the 79 doctors circulated. All 34 civilian doctors who returned their forms were GPs. The overall response rate was higher than that recorded by Harvey (5) but somewhat lower than Voss achieved (4).

Overall 90% of doctors were aware of the duty to notify. This hides a degree of variation, with 90.1% of military hospital doctors being aware of this duty compared with 97.05% of civilian GPs. The number who knew that this responsibility falls on the doctor who first suspects the diagnosis was appreciably lower. Only 37.1% of military doctors were aware of this, falling to 30.3% for those working in hospital. For civilian doctors the corresponding percentage was 44.1.

The numbers who thought that specific diseases were notifiable are shown by group in Table 1. The percentage failing to know of their duty to notify was greatest for rubella, viral meningitis and mumps. Additionally 80% incorrectly thought legionnaires disease was notifiable.

Although 59.1% overall said they knew that a FMed 85 was the Army's notifiable disease report form, 81.8% reported that they knew from where to obtain it and 70% to whom the completed form should be sent. Only 48.5%

of hospital doctors knew what the form was, with 72.7% and 48.5% respectively claiming they knew from where to get it and where to send it.

All groups believed reporting to be most important to the CCDC followed by national surveillance centres. Similarly all groups were unanimous in their view that reporting was least important for the individual patient.

Table 1
Number of Doctors who Correctly Identified whether or not a Disease is Notifiable

Disease	Hospital Doctors (n=37)	Military GPs (n=29)	Civilian GPs (n=34)	All Doctors (n=110)
Rubella	17	20	11	53
Cholera	35	28	33	104
Bacterial Meningitis	31	28	34	102
Viral Meningitis	14	10	20	50
Red Monkey Disease (-)	7	14	9	32
Mumps	13	15	11	46
Meningococcal Septicaemia	31	26	26	90
Plague	33	25	28	95
AIDS (-)	26	21	26	81
Syphilis (-)	17	17	22	61
Viral Hepatitis	18	17	23	63
Leptospirosis	22	21	27	80
Lassa Fever	24	21	23	72
Legionnaires Disease (-)	7	6	9	22
Whooping Cough	26	26	31	93
Measles	24	24	32	87

(-) not statutorily notifiable

Discussion.

Taken as a group the doctors in this study displayed a similar level of knowledge to the group investigated by Voss (4). As Voss' study was carried out within the area of this study it might have been expected that civilian doctors would have scored significantly higher than their military counterparts. This was not the case and may indicate that relatively few GPs took part in both studies.

For the purpose of analysis military hospital doctors were compared with military GPs, and military GPs with civilian GPs.

No significant differences, between these groups were detected with respect to the level of knowledge concerning which diseases are notifiable. The same diseases caused problems in all groups and interestingly, these diseases were those about which doctors were least knowledgeable, in this respect, in previous studies.

Concerning legal and procedural aspects of notification, military doctors, and those in hospital in particular, were appreciably less knowledgeable than their civilian and GP colleagues. Perhaps surprisingly the only difference to reach statistical significance occurred when military hospital doctors and GPs were compared with respect to the nature of the FMED 85. More disturbing was the finding that there were serious gaps in the knowledge of all groups.

Only 50% of hospital doctors returned their questionnaire and it is probably fair to assume that non-responders are less knowledgeable than responders. This would increase these differences and may even result in the differences in overall knowledge becoming statistically significant.

It is suggested that the anomaly apparent in the results relating to FMED 85s is due to doctors being ignorant of the purpose of the form, but knowing that they could obtain one from the practice manager or ward nurse and would send it the same way.

This study suggests that failure to notify may be due more to ignorance of procedures and legal requirements rather than failure to recognise a disease as notifiable. This has particular relevance in the UK military setting where the existence of two overlapping reporting chains may lead to confusion.

Recognition of this was partially responsible for the recent issue of a Joint Services Policy Letter on Notification of Infectious Diseases. This addresses the notification procedure throughout the world for all three Services.

It is suggested that a further study be carried out to assess the impact of this letter, and in particular to assess the proportion of doctors who have actually seen the document. Furthermore it is recommended that doctors be given specific instruction on all aspects infectious disease notification during their induction training in the Army and that GPs involved in the care of Servicemen be given instruction in the procedures pertaining to their military population.

REFERENCES

1. Department of Health. Public Health in England. The Acheson Report. London: DoH, 1988.
2. Department of Health. Review of the Law on Infectious Disease Control: Consultation document. London: DoH, 1989.
3. Ministry of Defence. Joint Services Policy Letter 6/92. Communicable Disease Control. London: DMSD, 1992.
4. Voss S. How much do doctors know about notification of infectious disease? *Br Med J* 1992; **304**: 755.
5. HARVEY I. Infectious disease notification - a neglected legal requirement. *Health Trends* 1991; **23** (2): 73-74.