Department of **Health**

GOVERNMENT OF WESTERN AUSTRALIA

Date received by DOH: ☐☐20

Notification ID: 20☐☐ – ☐☐☐☐☐

Infectious and Related Diseases Notification Form

Pursuant to the ***WA Public Health Act 2016***, please notify your Public Health Unit of diseases marked with a ☎ by telephone within 24 hours of diagnosis and all other diseases within 72 hours of diagnosis by post, telephone or fax. **For urgent ☎ diseases after hours: Phone (08) 9328 0553.**
Multi-resistant organisms (MRSA, CPO, VRE) are notified by laboratories, and therefore notification by doctors or nurse practitioners is not necessary.

PATIENT DETAILS

Family name _____

Given name _____

Street address _____

Suburb/Town _____ **Postcode** _____

Tel. Home _____ **Mobile** _____

Date of birth ____/____/_____ (dd mm yyyy)

Sex at birth ☐ Male ☐ Female ☐ Other, specify _____

Gender identity ☐ Male ☐ Female ☐ Non-Binary ☐ Other, specify _____

Country of birth ☐ Australia ☐ Other, specify _____

Preferred language ☐ English ☐ Other, specify _____

Occupation or name of school/childcare centre attended:

_____

Is the patient of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

(For persons of both Aboriginal and Torres Strait Islander origin, tick both 'yes' boxes.)

DISEASE DETAILS

How was the infection identified?

☐ Clinical presentation ☐ Contact tracing ☐ Screening ☐ Other

Date of onset ____/____/_____ (dd mm yyyy) **Date of death** (if applicable) ____/____/_____ (dd mm yyyy)

Place infection acquired ☐ WA ☐ Interstate ☐ Overseas ☐ Unknown

If acquired interstate/overseas, specify _____

Was the patient hospitalised? ☐ No ☐ Yes

How was diagnosis made?

☐ Lab ☐ Result pending ☐ Linked to lab-confirmed case ☐ Clinical only

Method: _____ Result: _____

FOLLOW-UP (tick one or more)

☐ Patient/carer aware of diagnosis and that it is a notifiable disease.
☐ Risk to contacts discussed with patient.
☐ Patient/carer aware Public Health Unit may contact them for information.
☐ Other _____

CLINICAL COMMENTS (presentation, treatment)

Treatment commenced? ☐ No ☐ Yes, specify _____

NOTIFIER DETAILS

Name ..... **Phone** .....

Clinic/Hospital .....

Address .....

..... **Postcode** .....

Signature ..... **Date** ...../...../..... (dd mm yyyy)

NOTIFIABLE DISEASES (tick box below) ☑

☎ ☐ Acute post-streptococcal glomerulonephritis (APSGN)
☐ Adverse event following immunisation – **use separate form**
☎ ☐ Amoebic meningoencephalitis
☎ ☐ Anthrax
☐ Barmah Forest virus infection
☎ ☐ Botulism
☐ Brucellosis
☐ *Campylobacter* infection Species: _____
☐ *Candida auris* ☐ Infection ☐ Colonisation
☐ Chancroid
☐ Chikungunya virus infection
☐ Chlamydia ☐ Lymphogranuloma venereum (serovar L1-3 detected)
☎ ☐ Cholera
☐ COVID-19 (human coronavirus of pandemic potential)
☐ Creutzfeldt-Jakob disease (classical or variant)
☐ Cryptosporidiosis
☐ Dengue virus infection
☎ ☐ Diphtheria
☐ Donovanosis
☎ ☐ Flavivirus infection ☐ JE ☐ MVE ☐ West Nile/Kunjin ☐ Yellow fever ☐ Zika ☐ Other
☎ ☐ Food or water-borne gastroenteritis (≥2 linked cases)
☐ Gonococcal infection
☎ ☐ Haemolytic uraemic syndrome (HUS)
☎ ☐ *Haemophilus influenzae* type b (Hib) infection (invasive)
☎ ☐ Hendra virus infection
☎ ☐ Hepatitis A
☐ Hepatitis B ☐ newly acquired (<2 yrs) ☐ Chronic/unspecified
☐ Hepatitis C ☐ newly acquired (<2 yrs) ☐ Chronic/unspecified
☐ Hepatitis (other) ☐ D ☐ E
☐ HIV infection – **use separate form**
☐ Influenza ☐ A ☐ B
☐ Invasive Group A Streptococcal (iGAS) Disease
☎ ☐ Legionellosis ☐ Longbeachae ☐ Pneumophila ☐ Other
☐ Leprosy
☐ Leptospirosis
☎ ☐ Listeriosis
☎ ☐ Lyssavirus infection ☐ Rabies ☐ ABL ☐ Other _____
☐ Malaria Species: _____
☎ ☐ Measles
☐ Melioidosis
☎ ☐ Meningococcal infection ☐ Meningitis ☐ Septicaemia ☐ Other
☎ ☐ Middle East Respiratory Syndrome coronavirus (MERS-CoV)
☎ ☐ Monkeypox virus infection
☐ Mumps
☎ ☐ Paratyphoid fever
☐ Pertussis
☎ ☐ Plague
☐ Pneumococcal infection (invasive)
☎ ☐ Poliovirus infection
☐ Psittacosis (ornithosis)
☐ Q Fever
☐ Respiratory Syncytial Virus (RSV)
☐ Rheumatic fever/heart disease – **use separate form**
☐ Rickettsial infection Species: _____
☐ Ross River virus infection
☐ Rotavirus infection
☎ ☐ Rubella ☐ Non-congenital ☐ Congenital
☐ *Salmonella* infection Species: _____
☎ ☐ Severe Acute Respiratory Syndrome (SARS)
☐ Shiga toxin-producing *E.coli* (STEC) infection
☐ Shigellosis Species: _____
☎ ☐ Smallpox
☐ Syphilis ☐1° ☐2° ☐Early latent (<2yrs) ☐Late latent ☐3° ☐Congenital
☎ ☐ Tetanus
☐ Tuberculosis
☎ ☐ Tularaemia
☎ ☐ Typhoid fever
☐ Varicella-zoster virus ☐ Chickenpox ☐ Shingles ☐ Unspecified
☐ *Vibrio parahaemolyticus* infection
☎ ☐ Viral haemorrhagic fever (Crimean-Congo, Ebola, Lassa, Marburg)
☐ *Yersinia* infection

☐ Tick this box if you require more forms and pre-paid envelopes or print here https://www.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions. Jun 2024

CDC-002430 JUN'24 Rural

ADDITIONAL NOTES: