

# REPORT OF NOTIFIABLE DISEASE OR RELATED DEATH

DEPARTMENT OF  
HUMAN SERVICES

## CONFIDENTIAL

PUBLIC AND ENVIRONMENTAL HEALTH ACT - 1987



Government  
of South Australia

*Do not use this form for AIDS, HIV, Hepatitis B or C or Sexually Transmitted Infections*

### DISEASE TO NOTIFY Tick box below

#### Gastrointestinal Diseases

- |   |   |
|---|---|
| <input type="checkbox"/> Botulism           | <input type="checkbox"/> Paratyphoid                              |
| <input type="checkbox"/> Campylobacteriosis | <input type="checkbox"/> Salmonellosis                            |
| <input type="checkbox"/> Cholera            | <input type="checkbox"/> Shigellosis                              |
| <input type="checkbox"/> Cryptosporidiosis  | <input type="checkbox"/> STEC OR <input type="checkbox"/> HUS/TTP |
| <input type="checkbox"/> Food poisoning     | <input type="checkbox"/> Typhoid                                  |
| <input type="checkbox"/> Listeriosis        | <input type="checkbox"/> Yersiniosis                              |

1. Has the case been exposed to a potentially unsafe food, raw milk, water, swimming pools, or food outlet?

- Y  N  U

Specify .....

2. Has the case travelled recently?

- Y  N  U

Specify .....

#### Vaccine Preventable and Invasive Diseases

- Diphtheria
- Invasive *Haemophilus Influenzae*
- Invasive Meningococcal Disease
- Invasive Pneumococcal Disease
- Measles
- Mumps
- Pertussis
- Poliomyelitis
- Rubella OR  Congenital Rubella Syndrome
- Tetanus
- Varicella Zoster OR  Chicken Pox OR  Shingles

#### Viral Hepatitis

- Hepatitis A
- Hepatitis E
- Hepatitis Viral (non specific: not B, C or D)

#### Legionellosis

- L. Longbeachae*
- L. Pneumophila*
- Other sp .....

#### Mosquito Borne Infections

- Murray Valley Encephalitis
- Barmah Forest virus
- Dengue virus
- Kunjin virus
- Japanese Encephalitis
- Malaria
- Ross River virus

What is the geographic location of infection?

Specify .....

#### Zoonotic Infections

- Australian bat lyssavirus
- Brucellosis
- Hydatid
- Leptospirosis
- Psittacosis (Ornithosis)
- Q Fever
- Rabies

#### Mycobacterial Infections

- \*\*Tuberculosis
- \*\*Non-Tuberculous Mycobacterial Disease
- Leprosy

\*\* Send to: SA Tuberculosis Service  
275 North Terrace  
ADELAIDE SA 5000 Ph: 8222 5483 Fax: 8222 5398

#### Other Diseases

- Anthrax
- Yellow Fever
- Plague
- Viral Haemorrhagic Fever

### CASE DETAILS (Please print clearly. Tick boxes where applicable)

LAST NAME: .....

GIVEN NAME: .....

RESIDENTIAL ADDRESS: .....

CONTACT PHONE NUMBER: .....

SEX:  M  F DATE OF BIRTH: / /

IS THE CASE OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

- |  |  |
|--|--|
| <input type="checkbox"/> No                          | <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander |
| <input type="checkbox"/> Yes, Aboriginal             | <input type="checkbox"/> Not stated                                    |
| <input type="checkbox"/> Yes, Torres Strait Islander |  |

DOES THE CASE BELONG TO ANY OF THESE GROUPS?

- Commercial food handler  Health care worker  Child care worker

Occupation: .....

DATE OF ONSET: HOSPITALISED: DATE OF DEATH:

/ /  Y  N  U / /

### DOCTOR/HOSPITAL DETAILS (a stamp is acceptable)

NAME: .....

ADDRESS: .....

TELEPHONE: PROVIDER NO: .....

SIGNATURE: DATE: / /

### LABORATORY – Positive pathology results received from:

- |                                    |                                  |                                   |                                |
|------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> IMVS      | <input type="checkbox"/> WCH     | <input type="checkbox"/> GRIBBLES | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> SOUTHPATH | <input type="checkbox"/> ABBOTTS | <input type="checkbox"/> CLINPATH | .....                          |

### CLINICAL COMMENTS (Include others ill identified by case or identified by you)

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Please inform the patient that you have notified the Department of Human Services

Fax this form to 08 8226 7197

OR send a reply paid envelope to  
CDC Branch, Reply Paid Service No 11  
Box 6 Rundle Mall PO Adelaide SA 5000

Ring 08 8226 7177 as soon as possible if disease is marked with ☎