

# REPORT OF NOTIFIABLE CONDITION OR RELATED DEATH FORM



ACT  
Government

ACT Health

Conditions marked with  require immediate telephone notification on diagnosis or on the basis of reasonable clinical suspicion.

All other conditions require written notification as soon as possible within 5 days.

Please notify the Health Protection Service (HPS) by phone (02) 5124 9213, fax (02) 5124 8810, after hours page (02) 9962 4155. Postal address: Reply Paid 83006, Weston Creek ACT 2611.

A copy of this form is available at: <https://www.health.act.gov.au/about-our-health-system/population-health/disease-surveillance>

## Condition being notified (refer to list on back)

Condition \_\_\_\_\_

\_\_\_\_\_

Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pathology details

Pathology requested  Yes  No

ACT Pathology  Capital Pathology

Lavery Pathology

Other \_\_\_\_\_

## Patient details

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female  Other \_\_\_\_\_

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/carer name (if applicable) \_\_\_\_\_

Country of birth \_\_\_\_\_

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

Yes, Aboriginal  No  Not asked

Yes, Torres Strait Islander  Not stated

Yes, both Aboriginal and Torres Strait Islander

What is the person's occupation?

Commercial food handler  Aged care worker

Health care worker  Child care worker

Other \_\_\_\_\_

Was your patient hospitalised?

Yes  No  Unknown

Date of death (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Caused by notifiable condition  Unrelated cause

## Exposure and vaccination history (if applicable)

Q1. Has the case travelled interstate/overseas recently?

Yes  No  N/A If yes, where \_\_\_\_\_ when \_\_\_\_\_

Q2. Has the case been exposed to swimming pools, raw milk or potentially unsafe food or water?

Yes  No  N/A If yes, provide details \_\_\_\_\_

Q3. Is the case vaccinated for the condition being notified?

Yes  No  N/A If yes, provide details \_\_\_\_\_

Vaccine validation  Self-recall  Medical record  Australian Immunisation Register  Australian School Vaccination Register

## Clinical comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Notifier details (stamp is acceptable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_


Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have informed the patient that ACT Health has been notified and may contact them

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**List of conditions notifiable under the ACT Public Health Act 1997**

Conditions marked with  require immediate telephone notification on diagnosis or on the basis of reasonable clinical suspicion. All other conditions require written notification as soon as possible within 5 days.

Information about case definitions can be found at <https://health.gov.au/casedefinitions> or by contacting the Health Protection Service on (02) 5124 9213.

Adverse event(s) following immunisation (AEFI)

- |  |   |
|--|---|
|  <b>Anthrax</b>   |  <b>Lyssavirus</b> – all forms (e.g. Rabies, Australian Bat Lyssavirus)  |
|  <b>Avian influenza in humans</b>   | Malaria   |
| Barmah Forest virus infection  |  <b>Measles</b>  |
|  <b>Botulism</b>  |  <b>Meningococcal infection (invasive)</b>   |
| Brucellosis  |  <b>Middle East Respiratory Syndrome Coronavirus (MERS-CoV)</b>  |
| Campylobacteriosis   | Mumps   |
| Chikungunya virus infection  |  <b>Monkeypox</b>  |
| Chlamydial infection   |  <b>Murray Valley encephalitis</b>   |
|  <b>Cholera</b>   |  <b>Paratyphoid</b>  |
|  <b>COVID-19 (novel coronavirus disease 2019)</b>                                     | Pertussis   |
| Dengue virus infection   |  <b>Plague</b>  |
|  <b>Creutzfeldt-Jakob disease – all forms (e.g. Classical, Variant)</b>               | Pneumococcal disease (invasive)   |
| Cryptosporidiosis  |  <b>Poliomyelitis</b>  |
| Dengue virus infection   | Psittacosis (Ornithosis)  |
|  <b>Diphtheria</b>  | Q fever   |
| Donovanosis  |  <b>Respiratory illness in 2 or more cases in an institution within 72 hours</b>   |
| Flavivirus infection – unspecified (e.g. Zika virus, St Louis encephalitis)  | Respiratory Syncytial Virus (RSV)   |
|  <b>Food or water borne disease in 2 or more linked cases</b>                       | Ross River virus infection  |
|  <b>Gastroenteritis involving 2 or more cases in an institution within 24 hours</b> | Rotavirus infection   |
| Gonococcal infection   | Rubella and congenital rubella syndrome   |
|  <b>Haemolytic uraemic syndrome (HUS)</b>   | Salmonellosis   |
|  <b>Haemophilus influenzae type b (Hib) infection (invasive)</b>                    |  <b>Severe Acute Respiratory Syndrome (SARS) coronavirus</b>   |
|  <b>Hendra virus infection</b>  | Shiga toxin producing <i>Escherichia coli</i> (STEC)  |
|  <b>Hepatitis A</b>   | Shigellosis   |
| Hepatitis B  |  <b>Smallpox</b>   |
| Hepatitis C  | Syphilis (including congenital syphilis)  |
| Hepatitis D  | Tetanus   |
| Hepatitis E  | Tuberculosis  |
| Hepatitis – infectious, not otherwise specified  |  <b>Tularaemia</b>   |
| Human Immunodeficiency Virus (HIV)   |  <b>Typhoid</b>  |
| Influenza – laboratory confirmed   | Varicella (please specify if Chicken Pox OR Shingles)   |
|  <b>Invasive Group A Streptococcus (iGAS)</b>                                       |  <b>Viral haemorrhagic fevers</b> – all forms (e.g. Ebola virus, Marburg haemorrhagic fever, Crimean-Congo haemorrhagic fever) |
|  <b>Japanese encephalitis</b>   |  <b>West Nile virus/Kunjin virus infection</b>   |
|  <b>Legionellosis</b>   |  <b>Yellow fever</b>   |
| Leprosy (Hansen's disease)   | Yersiniosis   |
| Leptospirosis  |   |
| Listeriosis  |   |