

REPORT OF NOTIFIABLE CONDITION OR RELATED DEATH FORM



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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www.health.act.gov.au

List of conditions notifiable under the ACT Public Health Act 1997


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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)

 **Anthrax**
 **Avian influenza in humans**

Barmah Forest virus infection


 **Botulism**

Brucellosis


Campylobacteriosis

Chikungunya virus infection

Chlamydial infection


 **Cholera**

COVID-19 (novel coronavirus disease 2019)

 **Creutzfeldt-Jakob disease – all forms (e.g. Classical, Variant)**



Cryptosporidiosis

Dengue virus infection



 **Diphtheria**

Donovanosis

Flavivirus infection – unspecified (e.g. Zika virus, St Louis encephalitis)

 **Food or water borne disease in 2 or more linked cases**
 **Gastroenteritis involving 2 or more cases in an institution within 24 hours**

Gonococcal infection

 **Haemolytic uraemic syndrome (HUS)**
 **Haemophilus influenzae type b (Hib) infection (invasive)**
 **Hendra virus infection**
 **Hepatitis A**

Hepatitis B

Hepatitis C


Hepatitis D

Hepatitis E

Hepatitis – infectious, not otherwise specified

Human Immunodeficiency Virus (HIV)


Influenza – laboratory confirmed

 **Invasive Group A Streptococcus (iGAS)**
 **Japanese encephalitis**
 **Legionellosis**


Leprosy (Hansen's disease)

Leptospirosis




Listeriosis

 **Lyssavirus** – all forms (e.g. Rabies, Australian Bat Lyssavirus)


Malaria

 **Measles**
 **Meningococcal infection (invasive)**
 **Middle East Respiratory Syndrome Coronavirus (MERS-CoV)**


Mumps

 **Mpox (monkeypox)**
 **Murray Valley encephalitis**
 **Paratyphoid**

Pertussis


 **Plague**

Pneumococcal disease (invasive)

 **Poliomyelitis**

Psittacosis (Ornithosis)

Q fever

 **Respiratory illness in 2 or more cases in an institution within 72 hours**


Respiratory Syncytial Virus (RSV)

Ross River virus infection

Rotavirus infection

Rubella and congenital rubella syndrome

Salmonellosis

 **Severe Acute Respiratory Syndrome (SARS) coronavirus**

Shiga toxin producing *Escherichia coli* (STEC)



Shigellosis

 **Smallpox**


Syphilis (including congenital syphilis)


Tetanus

Tuberculosis

 **Tularaemia**
 **Typhoid**

Varicella (please specify if Chicken Pox OR Shingles)

 **Viral haemorrhagic fevers** – all forms (e.g. Ebola virus, Marburg haemorrhagic fever, Crimean-Congo haemorrhagic fever)

 **West Nile virus/Kunjin virus infection**
 **Yellow fever**

Yersiniosis