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 urgent 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. **Post: Communicable Disease Control Directorate, PO Box 8172, Perth Business Centre WA 6849 Telephone: (08) 9222 0255 Fax: (08) 9222 0254 or for urgent ☎ diseases after hours: Phone (08) 9328 0553. Multi-resistant organisms (MRSA, CPO, VRE)** are notified by laboratories, 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 from ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions). Jan 2024

CDC-002430 FEB'24 Metro

ADDITIONAL NOTES: