

# Notifiable conditions form

Public Health and Wellbeing Regulations 2009  
Instructions and contact details are on the back of this form

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# health

## Group A and B notifiable conditions

### Group A – notify immediately on 1300 651 160

- Anthrax
- Botulism
- Chikungunya virus infection
- Cholera
- Diphtheria
- Food or water borne illness (two or more related cases)
- Haemolytic uraemic syndrome (HUS)
- Haemophilus influenzae* type b infection (Hib)
  - Epiglottitis
  - Meningitis
  - Other – specify: \_\_\_\_\_
- Hepatitis A
- Japanese encephalitis
- Legionellosis
- Measles
- Meningococcal infection (invasive)
- Murray Valley encephalitis virus infection
- Paratyphoid
- Plague
- Poliomyelitis
- Rabies
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularaemia
- Typhoid
- Viral haemorrhagic fevers
- Yellow fever

### Group B – notify within 5 days of diagnosis

- Arbovirus infection – other, specify: \_\_\_\_\_
- Barmah Forest virus infection
- Brucellosis
- Campylobacter* infection
- Creutzfeldt-Jakob disease
  - Classical CJD
  - Variant CJD
- Cryptosporidiosis
- Dengue virus infection
- Hepatitis B
  - Newly acquired
  - Unspecified
- Hepatitis C
  - Newly acquired
  - Unspecified
- Hepatitis D
- Hepatitis E
- Hepatitis viral (not further specified)
- Influenza (laboratory confirmed)
  - Type A
  - Type B
- Kunjin virus infection
- Lead (Blood lead >10 µg/dL)
- Leprosy
- Leptospirosis
- Listeriosis
- Lyssavirus
  - Australian Bat lyssavirus
  - Lyssavirus – other, specify: \_\_\_\_\_
- Malaria
- Mumps
- Mycobacterium ulcerans*
- Pertussis
- Pneumococcal infection (invasive)
- Psittacosis (ornithosis)
- Q fever
- Ross River virus infection
- Rubella
  - Congenital rubella
- Salmonellosis
- Shigatoxin and verotoxin producing *Escherichia coli* (STEC/VTEC)
- Shigellosis
- Tetanus
- Tuberculosis
  - Pulmonary TB
  - Extra-pulmonary TB
- Varicella
- Chickenpox
- Herpes zoster (shingles)

Turn page over to notify group C and D conditions

### Case details – please answer all questions

<b>Patient family name</b> _____	<b>Occupation and/or school and/or child care attended</b> _____
<b>First name(s)</b> _____	We may need to contact your patient to obtain further information. If you consent to this, please provide the patient's daytime telephone number below. Provide a contact person if the patient is a minor.
<b>Residential address</b> _____	<b>Patient's daytime telephone</b> _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Mobile _____ <input type="checkbox"/> Work
<b>City/Suburb/Town</b> _____	<b>Parent/guardian name (if applicable)</b> _____
<b>Postcode</b> _____	<b>Clinical comments – include risk factors, mode of transmission (if any) etc.</b> _____ _____ _____
<b>Date of birth (or Age)</b> ____/____/____	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Patient alive?</b> <input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
<b>Is the patient of Aboriginal or Torres Strait Islander origin?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
<b>Country of birth</b> <input type="checkbox"/> Australia <input type="checkbox"/> Overseas – specify below: Country _____ Year arrived in Australia _____	<b>Date of onset of illness</b> ____/____/____
	<b>Has laboratory confirmation been requested?</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Pending <input type="checkbox"/> Not requested Lab name? _____

<b>Notifier details</b>	<b>DH use only</b>
<b>Name of notifying doctor or pathology service</b> _____	320
<b>Address</b> _____	Check: _____ CC: _____
<b>City/Suburb/Town</b> _____	
<b>Postcode</b> _____	
<b>Telephone</b> _____	
<b>Signature</b> _____	
<b>Date</b> ____/____/____	

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## Group C and D notifiable conditions

### Group C – notify within 5 days of diagnosis

- Chlamydia trachomatis* infection     Syphilis →     Congenital  
 Donovanosis     Infectious <2 years  
 Gonococcal infection     >2 years/unknown duration

### Group D – notify within 5 days of diagnosis

- Acquired immunodeficiency syndrome (AIDS)  
 Human immunodeficiency virus (HIV) Infection  
 Newly acquired  
 Unspecified

Turn page over to notify group A and B conditions

### Case details – please answer all questions

#### First two letters only:

Family name    First name    Postcode of residence

Date of birth (or Age)    Sex    Patient alive?  
 Male     Alive  
 Female     Deceased

#### Is the patient of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal     Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander

#### Country of birth

- Australia  
 Overseas—specify below:  
Country    Year arrived in Australia

Clinical comments – include risk factors, mode of transmission (if any) etcetera.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of onset of illness

Has laboratory confirmation been requested?

- Confirmed     Pending     Not requested  
Lab name?

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

### Notifier details

Name of notifying doctor or pathology service

Address

City/Suburb/Town

Postcode

Telephone

Signature

Date

### DH use only

320

Check:

CC:

### How to notify

A medical practitioner who reasonably believes that a patient has or may have a notifiable condition or has or may have died with a notifiable condition must notify as follows:

**Group A** conditions require immediate notification to the Department of Health by telephone upon initial diagnosis (presumptive or confirmed), followed by written notification within five days.

**Group B** conditions require written notification to the Department of Health upon initial diagnosis within five days.

**Group C** conditions include the sexually transmissible infections and require written notification to the Department of Health upon initial diagnosis within five days. To preclude identification of the patient, only the first two letters of the family and given name of the patient are required.

All notifications and related inquiries should be directed to:

**Communicable Disease Prevention and Control Unit**  
**Victorian Government Department of Health**  
**Reply Paid 65937, Melbourne VIC 8060**

(No postage stamp required)

**Telephone 1300 651160**

(After hours service available)

or

**Fax 1300 651170**

(1300 numbers are charged at the cost of a local call)

You can also notify online at [www.health.vic.gov.au/ideas](http://www.health.vic.gov.au/ideas)

Please PRINT clearly and retain a copy of the notification for your records.