



Urgent Notification – Phone (08) 8226 7177 the Communicable Disease Control Branch (CDCB) as soon as possible (24 hours/7days)

All other diseases should be notified to CDCB as soon as practicable and, in any event, within 3 days of suspecting or confirming a diagnosis of a notifiable disease:

Telephone (08) 8226 7177 or Facsimile (08) 8226 7187
Post: CDCB Reply Paid 6 GPO Box 6 Rundle Mall
Adelaide South Australia 5000

For Tuberculosis and other Mycobacterial Disease notify SA Tuberculosis Service on telephone (08) 8222 5483 or use this form and send via facsimile to (08) 8222 5398 within 3 days of suspicion or confirmation of diagnosis.

For HIV, AIDS, AIDS related death, Hepatitis B or C; or Sexually Transmitted Infections please ring STD Services (08) 8222 2526

A CASE DETAILS (Please print clearly and tick all applicable boxes)

Last name _____ Given name _____

Name of parent/carer (if applicable) _____

Residential address _____

Postcode _____

Telephone (M) _____ (H) _____

Date of birth ____/____/____ Male Female

Date of death (if applicable) ____/____/____

Is the case of Aboriginal or Torres Strait Islander origin?
For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

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

What is the case's occupation?

- Commercial food handler
- Child care worker
- Health care worker
- Other: _____

Hospitalised?

- Yes
- No
- Unknown

Is the patient/caregiver aware of the diagnosis?

- Yes
- No

B DISEASE TO NOTIFY

- | | | |
|---|---|---|
| <input type="checkbox"/> Anthrax ☠ | <input type="checkbox"/> Legionella longbeachae | <input type="checkbox"/> Pneumococcal disease (invasive) > GO TO Q2 |
| <input type="checkbox"/> Australian Bat Lyssavirus ☠ | <input type="checkbox"/> Legionella pneumophila ☠ | <input type="checkbox"/> Poliomyelitis ☠ |
| <input type="checkbox"/> Avian Influenza in Humans ☠ | <input type="checkbox"/> Legionella (Other) | <input type="checkbox"/> Psittacosis (Ornithosis) |
| <input type="checkbox"/> Barmah Forest virus > GO TO Q3 & Q4 | Specify: _____ | <input type="checkbox"/> Q Fever > GO TO Q2 & Q4 |
| <input type="checkbox"/> Botulism ☠ | <input type="checkbox"/> Leprosy > GO TO Q4 | <input type="checkbox"/> Rabies ☠ |
| <input type="checkbox"/> Brucellosis > GO TO Q3 & Q4 | <input type="checkbox"/> Leptospirosis > GO TO Q4 | <input type="checkbox"/> Ross River virus > GO TO Q3 & Q4 |
| <input type="checkbox"/> Campylobacteriosis > GO TO Q1, Q3 & Q4 | <input type="checkbox"/> Listeriosis > GO TO Q1, Q3 & Q4 | <input type="checkbox"/> Rotavirus > GO TO Q2 |
| <input type="checkbox"/> Chikungunya virus > GO TO Q3 & Q4 | <input type="checkbox"/> Malaria > GO TO Q3 & Q4 | <input type="checkbox"/> Rubella > GO TO Q2 |
| <input type="checkbox"/> Cholera ☠ | <input type="checkbox"/> Measles ☠ | <input type="checkbox"/> Congenital Rubella Syndrome > GO TO Q2 |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease Classical | <input type="checkbox"/> Meningococcal disease (invasive) ☠ | <input type="checkbox"/> Salmonellosis > GO TO Q1, Q3 & Q4 |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease Variant | <input type="checkbox"/> Mumps > GO TO Q2 | <input type="checkbox"/> Severe Acute Respiratory Syndrome ☠ |
| <input type="checkbox"/> Cryptosporidiosis > GO TO Q1 | <input type="checkbox"/> Murray Valley Encephalitis ☠ | <input type="checkbox"/> Shiga Toxin producing E.coli (STEC) ☠ |
| <input type="checkbox"/> Dengue > GO TO Q3 & Q4 | <input type="checkbox"/> Mycobacterial disease ❖ Non TB | <input type="checkbox"/> Shigellosis > GO TO Q1, Q3 & Q4 |
| <input type="checkbox"/> Diphtheria ☠ | Specify: _____ | <input type="checkbox"/> Smallpox ☠ |
| <input type="checkbox"/> Food poisoning ☠ | <input type="checkbox"/> Pandemic Influenza ☠ | <input type="checkbox"/> Tetanus > GO TO Q2 |
| <input type="checkbox"/> Haemolytic Uraemic Syndrome ☠ | <input type="checkbox"/> Paratyphoid (S.Paratyphi) ☠ | <input type="checkbox"/> Tuberculosis ❖ |
| <input type="checkbox"/> Haemophilus influenzae (invasive) ☠ | <input type="checkbox"/> Pertussis > GO TO Q2 | <input type="checkbox"/> Tularaemia ☠ |
| <input type="checkbox"/> Hepatitis A ☠ | <input type="checkbox"/> Cough ≥ 2 weeks | <input type="checkbox"/> Typhoid (S.Typhi) ☠ |
| <input type="checkbox"/> Hepatitis E > GO TO Q1, Q3 & Q4 | <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Varicella virus – Chicken Pox > GO TO Q2 |
| <input type="checkbox"/> Hydatid > GO TO Q4 | <input type="checkbox"/> Plague ☠ | <input type="checkbox"/> Varicella virus – Shingles > GO TO Q2 |
| <input type="checkbox"/> Influenza > GO TO Q2 | | <input type="checkbox"/> Viral Haemorrhagic Fever ☠ |
| <input type="checkbox"/> Japanese Encephalitis ☠ | | <input type="checkbox"/> Yellow Fever ☠ |
| <input type="checkbox"/> Kunjin virus > GO TO Q3 & Q4 | | <input type="checkbox"/> Yersiniosis > GO TO Q1, Q3 & Q4 |

Q1 Has the case been exposed to swimming pools, a potentially unsafe food, raw milk, water, or food outlet? Yes No Unsure
Specify: _____

Q2 Vaccination status for disease notified? Yes No Unsure
Year/s vaccinated and type: _____

Q3 Has the case travelled recently? (SA/interstate/overseas) Yes No Unsure
Specify: _____

Q4 Geographic location where the infection was acquired?
Specify: _____

C DOCTOR DETAILS (Stamp is acceptable)

Name _____

Address _____

Postcode _____

Telephone _____ (M) _____

Signature _____ Date ____/____/____

D CLINICAL COMMENTS (Include others ill)

Laboratory Positive pathology results received from:

IMVS Clinpath WCH SouthPath Other: _____

Gribbles SDS Abbotts APP _____

Please inform the patient/caregiver you have notified SA Health

CONFIDENTIAL

www.health.sa.gov.au/pehs/topics/topic-notifying-disease.htm

Revised September 2008