



# Infectious and Related Diseases Notification Form

You may notify by post, telephone or fax  
To: Communicable Disease Control Directorate,  
PO Box 8172, Perth Business Centre WA 6849  
Phone: (08) 9222 0255 or Fax: (08) 9222 0254  
For urgent diseases after hours: Phone (08) 9328 0553

## PATIENT DETAILS

Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel. Home \_\_\_\_\_ Mobile \_\_\_\_\_  
Date of birth dd/mm/yyyy  
Sex  Male  Female  Transgender  
Country of birth  Australia  Other, specify \_\_\_\_\_  
Language spoken at home  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  
Date of onset dd/mm/yyyy Date of death dd/mm/yyyy (if applicable)  
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)

\_\_\_\_\_

## NOTIFIER DETAILS

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Signature \_\_\_\_\_ Date dd/mm/yyyy

## NOTIFIABLE DISEASES (tick box below)

Pursuant to the WA **Public Health Act 2016** please notify diseases marked with a 📞 by telephone within 24 hours of diagnosis. Otherwise fax or post notification within 72 hours of diagnosis.

**Multi-resistant organisms (MRSA, CRE, VRE)** are notified by laboratories. Notification by doctors or nurse practitioners is not necessary.

- Acute post-streptococcal glomerulonephritis (APSGN)
- Adverse event following immunisation – **use separate form**
- Amoebic meningoencephalitis
- Anthrax
- Barmah Forest virus infection
- Botulism
- Brucellosis
- Campylobacter* infection Species: \_\_\_\_\_
- Chancroid
- Chikungunya virus infection
- Chlamydia  Lymphogranuloma venereum (serovar L1-3 detected)
- Cholera
- 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
- 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)
- Mumps
- Paratyphoid fever
- Pertussis
- Plague
- Pneumococcal infection (invasive)
- Poliovirus infection
- Psittacosis (ornithosis)
- Q Fever
- 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



## ADDITIONAL NOTES:

Large empty rectangular area for additional notes.