**Infectious and Related Diseases Notification Form**

**PATIENT DETAILS**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Given name</th>
<th>Street address</th>
<th>Suburb/Town</th>
<th>Postcode</th>
<th>Tel.</th>
<th>Mobile</th>
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**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

**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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Clinic/Hospital</th>
<th>Address</th>
<th>Postcode</th>
<th>Signature</th>
<th>Date dd/mm/yyyy</th>
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**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
- [ ] Chancroid
- [ ] Chikungunya virus infection
- [ ] Chlamydia
- [ ] Lymphogranuloma venereum (serovar L-1 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
- [ ] Hepatitis C
- [ ] 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
- [ ] 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:
- [ ] Septicaemia
- [ ] Other
- [ ] Shiga toxin-producing E.coli (STEC) infection
- [ ] Shigellosis
- [ ] Species:
- [ ] Smallpox
- [ ] Syphilis
- [ ] Early latent (<2yrs)
- [ ] Late latent
- [ ] 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). Mar 2020**

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.