

Notifiable Conditions in Victoria

Your Requirement to Notify

Infectious diseases and other conditions of concern still occur frequently throughout the world, so constant vigilance is required to prevent the reappearance of diseases and conditions thought to have been conquered. Changes in lifestyle have also led to the emergence of new threats to public health from infection. Health authorities depend on **both** medical practitioners and laboratories for information on the incidence of these conditions. Notification is vital in efforts to prevent or control the spread of infection and to prevent further harmful exposures. Notifiable conditions are specified in Schedule 4 of the Public Health and Wellbeing Regulations 2009 and are divided into four groups on the basis of the method of notification and the information required.

When 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 or fax upon initial diagnosis (presumptive or confirmed), followed by written notification within five days. These conditions are marked in bold.
- Group B** conditions require written notification to the Department of Health upon initial diagnosis within five days.
- Group C** conditions are 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.
- Group D** conditions are HIV (Human Immunodeficiency-virus) and AIDS (Acquired Immunodeficiency Syndrome) and written notification is required within five days of initial diagnosis. Initial notification can be made using this form. However a separate form is used for collecting data in order to comply with nationally agreed requirements. Copies of this form are forwarded to the diagnosing medical practitioner with the laboratory confirmation of HIV infection and are available at www.health.vic.gov.au/ideas.

The Department provides pre-printed Reply Paid envelopes (no stamps required) and STD toll free telephone and facsimile numbers to make notifying as simple as possible. Copies of the form, information on conditions, diseases and outbreaks, media releases, disease surveillance data, privacy information and other publications are all available at the Department of Health Internet site www.health.vic.gov.au/ideas. A secure online notification form is also available at this website under the link 'Notifying cases > What to notify.'

Privacy Legislation

Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form. Doctors have a responsibility to inform their patients that their information is being provided to the Department of Health. The Department is committed to protecting the confidentiality of the information it receives and is bound by strict policies. Further information about privacy and notifiable conditions is available from the Department.

Further Information

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 **Facsimile 1300 651170**
(1300 numbers are charged at the cost of a local call)

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

Thank you.

Confidential—Notifiable Conditions Form

Public Health and Wellbeing Regulations 2009

Instructions and contact details are provided on the back of this form

Group A and B Notifiable Conditions (turn page over to notify group C and D conditions)

Group A conditions—notify immediately to 1300 651160

- | | |
|--|---|
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Meningococcal infection (invasive) |
| <input type="checkbox"/> Chikungunya virus infection | <input type="checkbox"/> Murray Valley encephalitis virus infection |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Paratyphoid |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Plague |
| <input type="checkbox"/> Food or water borne illness (2 or more related cases) | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Haemolytic uraemic syndrome (HUS) | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Haemophilus influenzae type b infection (Hib) | <input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS) |
| <input type="checkbox"/> Epiglottitis | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tularaemia |
| <input type="checkbox"/> Other—specify: _____ | <input type="checkbox"/> Typhoid |
| | <input type="checkbox"/> Viral Haemorrhagic fevers |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Japanese encephalitis | |
| <input type="checkbox"/> Legionellosis | |

Group B conditions—notify within 5 days of diagnosis

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

Case Details

Patient family name		Occupation and/or school and/or child care attended	
First name(s)		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.	
Residential address		Patient's daytime telephone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	
City/Suburb/Town	Postcode	Parent/guardian name (if applicable)	
Date of birth (or Age)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Clinical comments—include risk factors, mode of transmission (if any) etcetera.	
	Patient alive? <input type="checkbox"/> Alive <input type="checkbox"/> Deceased		
Is the patient of Aboriginal or Torres Strait Islander origin?			
<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			
Country of birth			
<input type="checkbox"/> Australia <input type="checkbox"/> Overseas—specify below:			
Country	Year arrived in Australia	Date of onset of illness	Has laboratory confirmation been requested? <input type="checkbox"/> Confirmed <input type="checkbox"/> Pending <input type="checkbox"/> Not requested Lab name?

Notifier Details

Name of notifying doctor, laboratory or hospital		
Address		
City/Suburb/Town	Postcode	
Telephone	Signature	Date

DH Use Only

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Check: _____ CC: _____