



URGENT NOTIFICATION – Phone 1300 232 272 the Communicable Disease Control Branch (CDCB) 24 hours/7 days

PHONE/FAX notification for all diseases listed on this form (except mycobacterial disease) to CDCB as soon as practicable and, in any event, within 3 days of suspecting or confirming a diagnosis of a notifiable disease. Telephone 1300 232 272 or fax (08) 7425 6696.

Electronic form available at <https://extapps.health.sa.gov.au/cdcb-notify/>

To notify mycobacterial disease telephone SA Tuberculosis Services on (08) 7117 2900 within 3 days of suspicion or confirmation of diagnosis **OR USE THIS FORM** and send via fax to (08) 7074 6248

To notify sexually transmitted infections or blood borne viruses use specific STI or BBV form. **DO NOT USE THIS FORM** See www.sahealth.sa.gov.au/NotifiableDiseaseReporting

To notify an adverse event following immunisation go to <https://extapps2.sahealth.sa.gov.au/SAVSS/> or phone 1300 232 272

A CASE DETAILS Please print clearly and tick all applicable boxes

Last name _____

Given name _____

Date of birth ____/____/____ Male Female

Name of parent/carer (if applicable) _____

Residential address _____

Postcode

Telephone _____

Is the person of Aboriginal or Torres Strait Islander origin?
For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes
 Yes, Aboriginal Yes, Torres Strait Islander No

What is the person's occupation?
 Commercial food handler Health care worker
 Child care worker Other Specify: _____

Is the person/caregiver aware of the diagnosis?
 Yes No

Has the person been hospitalised due to the notifiable disease?
 Yes No

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

B DISEASE TO NOTIFY

Date of onset of illness ____/____/____

- | | | |
|--|--|---|
| <input type="checkbox"/> Anthrax ☠ | <input type="checkbox"/> Influenza, avian in humans ☠ | <input type="checkbox"/> Respiratory syncytial virus (RSV) > DEATH ONLY |
| <input type="checkbox"/> Arbovirus (not listed elsewhere) > ANSWER Q3 & Q4
Specify: _____ | <input type="checkbox"/> Japanese encephalitis ☠ | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Barmah Forest virus > ANSWER Q3 & Q4 | <input type="checkbox"/> Legionella longbeachae | <input type="checkbox"/> Rheumatic heart disease |
| <input type="checkbox"/> Botulism ☠ | <input type="checkbox"/> Legionella pneumophila ☠ | <input type="checkbox"/> Ross River virus > ANSWER Q3 & Q4 |
| <input type="checkbox"/> Brucellosis > ANSWER Q3 & Q4 | <input type="checkbox"/> Legionella (other species) | <input type="checkbox"/> Rotavirus > ANSWER Q2 |
| <input type="checkbox"/> Campylobacteriosis > ANSWER Q1, Q3 & Q4 | <input type="checkbox"/> Leprosy > ANSWER Q4 | <input type="checkbox"/> Rubella > ANSWER Q2
<input type="checkbox"/> Congenital rubella |
| <input type="checkbox"/> Candida auris ☠ | <input type="checkbox"/> Leptospirosis > ANSWER Q3 & Q4 | <input type="checkbox"/> Salmonellosis > ANSWER Q1, Q3 & Q4 |
| <input type="checkbox"/> Carbapenemase-producing Enterobacteriales (CPE) | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Severe acute respiratory syndrome (SARS) ☠ |
| <input type="checkbox"/> Chikungunya virus > ANSWER Q3 & Q4 | <input type="checkbox"/> Lyssavirus infection (including rabies and Australian bat lyssavirus) ☠ | <input type="checkbox"/> Shiga toxin producing E. coli (STEC) ☠ |
| <input type="checkbox"/> Cholera ☠ | <input type="checkbox"/> Malaria > ANSWER Q3 & Q4 | <input type="checkbox"/> Shigellosis > ANSWER Q1, Q3 & Q4 |
| <input type="checkbox"/> Coronavirus disease 2019 (COVID-19) > DEATH ONLY | <input type="checkbox"/> Measles ☠ | <input type="checkbox"/> Smallpox ☠ |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease | <input type="checkbox"/> Meningococcal disease (invasive) ☠ | <input type="checkbox"/> Tetanus > ANSWER Q2 |
| <input type="checkbox"/> Cryptosporidiosis > ANSWER Q1 | <input type="checkbox"/> Middle East respiratory syndrome coronavirus infection (MERS-CoV) ☠ | <input type="checkbox"/> Thrombotic thrombocytopenic purpura ☠ |
| <input type="checkbox"/> Dengue > ANSWER Q3 & Q4 | <input type="checkbox"/> Monkeypox virus (MPX) infection ☠ | <input type="checkbox"/> Tuberculosis ❖ |
| <input type="checkbox"/> Diphtheria ☠ | <input type="checkbox"/> Mumps > ANSWER Q2 | <input type="checkbox"/> Tularaemia ☠ |
| <input type="checkbox"/> Food poisoning ☠ | <input type="checkbox"/> Murray Valley encephalitis ☠ | <input type="checkbox"/> Typhoid (S. Typhi) ☠ |
| <input type="checkbox"/> Group A streptococcal infection (invasive) | <input type="checkbox"/> Mycobacterial disease Non TB ❖
Specify: _____ | <input type="checkbox"/> Varicella-zoster virus – chickenpox > ANSWER Q2 |
| <input type="checkbox"/> Haemolytic uraemic syndrome (HUS) ☠ | <input type="checkbox"/> Paratyphoid (S. Paratyphi) ☠ | <input type="checkbox"/> Varicella-zoster virus – shingles > ANSWER Q2 |
| <input type="checkbox"/> Haemophilus influenzae (invasive) ☠ | <input type="checkbox"/> Pertussis > ANSWER Q2 | <input type="checkbox"/> Vibrio parahaemolyticus > ANSWER Q1, Q3 & Q4 |
| <input type="checkbox"/> Hendra virus ☠ | <input type="checkbox"/> Plague ☠ | <input type="checkbox"/> Viral haemorrhagic fever ☠ |
| <input type="checkbox"/> Hepatitis A ☠ | <input type="checkbox"/> Pneumococcal disease (invasive) > ANSWER Q2 | <input type="checkbox"/> West Nile virus infection (including Kunjin variant) ☠ |
| <input type="checkbox"/> Hepatitis E > ANSWER Q1, Q3 & Q4 | <input type="checkbox"/> Poliovirus ☠ | <input type="checkbox"/> Yellow fever ☠ |
| <input type="checkbox"/> Influenza > DEATH ONLY | <input type="checkbox"/> Psittacosis (ornithosis) | <input type="checkbox"/> Yersiniosis > ANSWER Q1, Q3 & Q4 |
| | <input type="checkbox"/> Q fever > ANSWER Q2 & Q4 | |

Q1 Has the case been exposed to swimming pools, a potentially unsafe food, water, raw milk, 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 CLINICAL COMMENTS (include others ill)

D DOCTOR DETAILS (stamp acceptable)

Name _____

Address of practice/hospital _____

Postcode

Provider number _____

Telephone _____ (M)

Signature _____ Date ____/____/____

Please inform the person/caregiver you have notified SA Health

Laboratory results: SA Pathology Australian Clinical Labs Abbotts Clinpath Other Specify: _____ Point of care test only