

Confidential and Routine Notification of Zika Virus Disease by Medical Practitioners



Department
of Health

Group B arbovirus infections may be notified to the Department of Health by:

Post: Department of Health, Reply Paid 65937, Melbourne VIC 8060 or Fax: 1300 651 170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth **Medicare or other healthcare identifier**
_____/_____/_____ _____

Sex
 Male
 Female
 Other, specify > _____

Residential address

City **Postcode**
_____ _____

Tel home **Tel mobile**
_____ _____

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
 No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Unknown

Country of birth ...country **...year arrived in Australia**
 Australia
 Unknown
 Overseas > _____

Interpreter required
 No
 Yes, language > _____

Occupation and/or school and/or child care attended

Alive/deceased **...date of death**
 Alive Died due to Zika virus >
 Died due to other causes > _____

Clinical details

Date of onset of illness
_____/_____/_____

If female, is the case pregnant
 No
 Yes, specify > _____ /40 weeks on date _____

Symptoms
 Asymptomatic
 Arthralgia
 Conjunctivitis
 Fever
 Headache
 Guillain-Barré syndrome
 Myalgia
 Rash
 Other, specify > _____

Case required hospitalisation for this illness
 No
 Yes, specify hospital > _____
 Admitted date _____ Discharged date _____

Has laboratory testing been requested
 No Confirmed, specify lab > _____
 Pending, specify lab > _____

What other diagnostic tests have you requested for this case for this illness
 Chikungunya virus Other, specify below
 Dengue virus
 Malaria _____

Has the case previously tested positive for any mosquito borne disease
 No
 Unknown
 Yes, specify disease(s) and year(s)

Has the case been vaccinated for Japanese Encephalitis or Yellow Fever
 No
 Unknown
 Yes, specify vaccine name below ... Date of vaccination
 _____ _____

Form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name _____	Medicare provider no. _____	Department use only
Address _____ _____		
City _____	Postcode _____	
Telephone _____	Fax _____	
	Date _____/_____/_____	

Please identify the case on every page

Last name

First name

Date of birth

Risk summary

In order to determine the risk of acquiring infection, as well as the risk of transmitting infection, it is important to have a clear travel history.

Did the case travel interstate (of note: Queensland) or overseas at any time from 14 days before until one week after symptom onset

If the case was asymptomatic, please specify all recent interstate or overseas travel

- No
Unknown
Yes, specify travel history below

Table with 3 columns: Where (country or state), from date, to date. Contains three rows for travel history.

Did the case seek travel health advice prior to travelling

- No
Unknown
Yes, from a GP
Yes, from a travel health clinic
Yes, from the Smart Traveller website

Has the case had sexual contact with a confirmed Zika case or a man who has travelled to a Zika affected country in the past 3 months

- No
Unknown
Yes

Did the case travel with a pregnant woman, or has the case had recent sexual contact with a pregnant woman or a woman of child bearing age

- No
Unknown
Yes

Clinical comments include risk factors, mode of transmission (if any) etcetera

Large text area for clinical comments with horizontal lines.

Data collection ends here. Thank you.