

Confidential and Routine Notification of Brucellosis by Medical Practitioners



Department
of Health

Brucellosis requires written notification to the Department of Health within five days of initial diagnosis to:

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 > _____

If female, is the case pregnant

Yes

No

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

Overseas > _____

Interpreter required

No

Yes, language > _____

Alive/deceased

Alive

Died due to Brucellosis >

Died due to other causes > _____

...date of death

Case details—continued

Does the case work in a high risk occupation

No

Abattoir / meat worker

Animal breeder

Animal shooter / hunter

Animal trainer

Animal transport driver

Dairy farmer

Farmer

Knackery worker

Laboratory worker

Laundry worker (handling clothes from at-risk workplaces)

Pet food manufacturer

Shearer

Stockyard worker

Tannery worker

Veterinarian

Veterinarian technician / nurse

Wildlife / zoo worker

Other high risk occupation, specify > _____

Unknown

Occupation and / or school and / or child care attended

Clinical details

Date of onset of illness

Symptoms (tick all that apply)

Arthralgia (joint pain)

Depression

Fatigue

Fever

Focal organ involvement (endocarditis, orchitis epididymitis, hepatology, splenomegaly)

Generalised weakness

Headache (severe retro-orbital)

Myalgia

Neurobrucellosis

Osteoarticular infection

Sweats

Weight loss

Other, specify > _____

Has laboratory testing been requested

No

Confirmed, specify lab > _____

Pending, specify lab > _____

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

Clinical details — continued

Has a second bleed been arranged

- No
Yes, specify lab >

Has the case been treated with antibiotics for the current infection

- Yes, specify >
No

Did the case require hospitalisation for this illness

- Yes, specify hospital >
No
Admitted date Discharged date

Risk history

In the two months prior to the onset of symptoms, did the case visit / work at / participate in any of the following environmental risk factors (tick all that apply)

- Abattoir
Agricultural show
Camping
Consumed unpasteurised milk / milk products
Driven animal transports
Farm
Hunting
Laboratory
Shearing shed
Stockyards
Tannery
Zoo / petting zoo
Other, specify >
Unknown

In the two months prior to the onset of symptoms, did the case have contact with any of the following animals (tick all that apply)

- Cattle (beef)
Cattle (dairy)
Cats
Dogs
Goats
Horses
Marsupials (kangaroos, wallabies)
Pigs (domestic)
Pigs (feral)
Rodents
Sheep
Other, specify >
Unknown

Please provide further details of any exposures mentioned above (e.g. dates and places where the exposure(s) occurred)

Multiple horizontal lines for providing exposure details.

Risk history — continued

In the two months prior to the onset of symptoms, did the case travel in Victoria

- No
Unknown
Yes, specify >
Date

In the two months prior to the onset of symptoms, did the case travel elsewhere in Australia

- No
Unknown
Yes, specify >
Date

In the two months prior to the onset of symptoms, did the case travel overseas

- No
Unknown
Yes, specify >
Date

Has the case had contact with a person with a similar illness (provide any further details in the Clinical comments)

- Yes, with a person in their household
Yes, with a person in their workplace
No
Unknown

Clinical comments

History of illness / clinical comments include any relevant comments, such as further details of risk factors, others with similar illness, etc.

Multiple horizontal lines for providing clinical comments.

Data collection ends here. Thank you.