

Dengue virus infection 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 If female, is the case pregnant
 Male No
 Female Yes
 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
 Unknown Torres Strait Islander
 Both Aboriginal and Torres Strait Islander

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

Interpreter required
 No
 Yes, language > _____

Occupation and/or school and/or child care attended

Alive/deceased ...date of death
 Alive Died due to Dengue >
 Died due to other causes > _____

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

Clinical summary

Date of onset of illness

Symptoms
 Arthralgia Headache Nausea
 Chills Lethargy Rash
 Conjunctivitis Loss of appetite Retro orbital pain
 Fever Myalgia Vomiting
 Other, specify > _____

Did the case require hospitalisation for this illness
 No
 Yes, specify hospital below date admitted _____
 _____ date discharged _____

Has the case previously tested positive for any mosquito borne disease
 No
 Yes, specify disease and year > _____

Risk history

In the 14 days before the onset of symptoms, did the case travel overseas or interstate (if more than two locations were visited, please provide further details in the *Clinical comments* section)

Location 1 (city and country OR city and state)

 from date _____ to date _____

Location 2 (city and country OR city and state)

 from date _____ to date _____

If the patient travelled overseas, did they seek pre-travel health advice
 Yes, specify where > GP
 No Travel clinic
 Unknown Smart Traveller website
 Other, specify > _____

Clinical comments include risk factors, further travel locations, etcetera

Notifying doctor/hospital/laboratory details

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