

Q fever requires written notification to the Department of Health upon initial diagnosis within five days 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 Q fever >

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)

- | | |
|---|---|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Myalgia |
| <input type="checkbox"/> Arthralgia (joint pain) | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoarticular infection |
| <input type="checkbox"/> Chills / rigors | <input type="checkbox"/> Photophobia |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Sweats |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Vascular infection |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Generalised weakness | <input type="checkbox"/> Other, specify below |
| <input type="checkbox"/> Headache (severe retro-orbital) | |
| <input type="checkbox"/> Liver involvement (hepatitis / jaundice) | |
| <input type="checkbox"/> Malaise | |

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

Has the case been vaccinated for Q Fever

- Yes, provide year of vaccination >
No
Unknown

Did the case require hospitalisation for this illness

- Yes, specify hospital >
No
Admitted date Discharged date

Does the case have a history of past Q fever infection

- Yes, the previous infection was > Treated with antibiotics
No Not treated
Unknown Treatment unknown

If the case has a history of past Q Fever infection, please provide further details (e.g. antibiotic treatment given, year of infection)

Q fever detected on employment screening

- Yes, provide details >
No
Unknown

Risk history

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

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

Risk history — continued

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

In the six weeks prior to the onset of symptoms, did the case travel in Victoria

- No
Unknown
Yes, specify >
Date

In the six weeks prior to the onset of symptoms, did the case travel elsewhere in Australia

- No
Unknown
Yes, specify >
Date

In the six weeks 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.

Data collection ends here. Thank you.