

Malaria 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 2007*), 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  
 Overseas > \_\_\_\_\_

Interpreter required  
 No  
 Yes, language > \_\_\_\_\_

Occupation and/or school and/or child care attended

Alive/deceased ...date of death  
 Alive  Died due to Malaria > \_\_\_\_\_  
 Died due to other causes > \_\_\_\_\_

**Clinical summary**

If female, is the case pregnant  
 No  
 Yes, number of weeks gestation > \_\_\_\_\_ / 40

Date of onset of illness

Symptoms  
 Arthralgia  Loss of appetite  
 Chills  Myalgia  
 Confusion  Nausea  
 Fever  Sweating  
 Headache  Vomiting  
 Lethargy  
 Other, specify > \_\_\_\_\_

Did the case require hospitalisation for this illness  
 No  
 Yes, specify hospital below

date admitted date discharged

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

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

What treatment has the patient been prescribed  
 Artemether - Lumefantrine  
 Artesunate  
 Atovaquone - Proguanil  
 Clindamycin  
 Doxycycline  
 Primaquine  
 Quinine  
 Tafenoquine  
 Other, specify > \_\_\_\_\_

Treatment start date

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

To determine the risk of acquiring infection, it is important to have a clear travel history.

In the 6 months before symptom onset did the case travel interstate or overseas

- Unknown
No
Yes, specify travel history below

Table with 3 columns: Where (country or state), from date, to date. Contains 4 rows for travel history.

Overseas travel

Clinical comments

If overseas travel was indicated, please complete the below questions

Did the patient seek pre-travel health advice

- No
Unknown
Yes, specify where > GP, Travel clinic, Smart Traveller website, Other, specify below

Did the case receive malarial prophylaxis during travel

- No
Unknown
Yes, please specify > Atovaquone - Proguanil, Doxycycline, Mefloquine, Primaquine, Tafenoquine

If malarial prophylaxis was prescribed, was the case adherent with taking the medication

- No
Unknown
Yes, please specify >

History of illness / clinical comments include risk factors, further travel locations, etc.

Large text area for clinical comments with horizontal lines for writing.

Data collection ends here. Thank you.