

Rubella 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 > _____

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 > _____

Works in a high risk occupation or attends child care/primary school

Child care worker

Attends child care or primary school

Health care worker

Other, specify below

Occupation and/or school and/or child care attended

Alive/deceased

...date of death

Alive

Died due to rubella >

Died due to other causes > _____

Clinical details

If female, is the case pregnant

No

Yes, specify _____ /40 weeks on date _____

Date of onset of illness

Symptoms (tick all that apply)

Arthralgia

Conjunctivitis

Fever

Generalized rash

Lymphadenopathy

Other, specify > _____

Has laboratory testing been requested

No

Confirmed, specify lab > _____

Pending, specify lab > _____

Has the case been vaccinated for rubella

No

Unknown

Yes, specify below

Vaccine

Information source

Date of vaccination

MMR II

Written record

Priorix

Parent/self recall

Priorix-tetra

Other (rubella containing vaccine)

MMR II

Written record

Priorix

Parent/self recall

Priorix-tetra

Other (rubella containing vaccine)

Has the case had contact with a laboratory confirmed case, or a person with a similar illness in the 14–23 days prior to onset of illness

No

Unknown

Yes

Has the case recently travelled interstate or overseas

No

Unknown

Yes, specify when/where > _____

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

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date