

Confidential and Routine Notification of Shigellosis by Medical Practitioners



Department
of Health

Shigellosis 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

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Unknown

Country of birth ...country

...year arrived in Australia

Australia

Overseas >

Unknown

Interpreter required

No

Yes, language >

Occupation and/or school and/or child care attended

Alive/deceased

Alive

Died due to Shigellosis >

Died due to other causes >

...date of death

Clinical summary and Risk factors

Date of onset of illness

Has laboratory testing been requested

No

Pending, specify lab >

Confirmed, specify lab >

Is the case aware of their diagnosis

No

Yes

Treated with antibiotics

No

Yes, specify >

Treatment start date

Treatment

Is the case in a high risk occupation or setting

Child care worker

Child in childcare

Defence force

Food handler

Healthcare or residential setting

Healthcare worker

Laboratory worker

Prison

Not in a high risk occupation or setting

Risk factors (in the two weeks prior to onset of symptoms)

Contact with a confirmed case of shigellosis

Contact with a person with a similar illness

Contact with overseas visitor or traveller

Male to male sexual contact

Travel within Australia

Travel overseas, specify countries below

Risk unable to be determined/unknown

Clinical comments / History of illness include any relevant comments (e.g. risk factors, mode of transmission, etc.)

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date