

Shiga toxin-producing E. coli (STEC) 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 > \_\_\_\_\_

Identified gender

- Male  
 Female  
 Non-binary  
 They use a different term, please 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

### Clinical summary and Risk factors

Alive/deceased

- Alive  
 Died due to STEC >  
 Died due to other causes > \_\_\_\_\_

...date of death

Date of onset of illness

Has laboratory testing been requested

- No  
 Pending, specify lab > \_\_\_\_\_  
 Confirmed, specify lab > \_\_\_\_\_

Symptoms

- Diarrhoea with no blood  
 Diarrhoea with blood  
 Abdominal pain  
 Other symptoms, specify the reason for testing below  
 No symptoms, specify the reason for testing below

Did the case have Haemolytic Uraemic Syndrome

- Yes  
 No

Is the case aware of their diagnosis

- Yes  
 No

Is the case in a high risk occupation or setting

- Child care worker  
 Child in childcare  
 Food handler  
 Healthcare or residential setting  
 Healthcare worker  
 Not in a high risk occupation or setting

Risk factors (in the seven days prior to onset of symptoms)

- Contact with a confirmed case of STEC  
 Contact with a person with a similar illness  
 Contact with farm animals or petting zoo animals  
 Lives on or visited a rural property  
 Travel overseas, specify countries below  
 Other risk factors, specify below  
 Risk unable to be determined/unknown

Provide details on the above risk factors

### Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date