

Shigellosis requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

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 nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex

- Male Other, specify _____
 Female

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 ...language

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

Date of onset of illness

Treated with antibiotics

No

Yes, specify > _____

...date treatment started

...treatment type

Is the case in a high risk occupation or setting

- Child care worker Prison
 Child in childcare Defence force
 Food handler Healthcare or residential setting
 Health care worker Laboratory worker
 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

Is the case aware of their diagnosis

No

Yes

Has laboratory testing been requested

No

Yes, specify lab > _____

Pending, specify lab > _____

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