

Confidential Notification of Barmah Forest virus infection



Health
and Human
Services

Barmah Forest virus infection 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
 Unknown Torres Strait Islander
 Both Aboriginal and Torres Strait Islander

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 BFvi >

Died due to other causes > _____

...date of death

Clinical details

Date of onset of illness

Symptoms (tick all that apply)

- Chills
 Fever
 Headache
 Lethargy
 Rash
 Sore joints
 Sore muscles
 Other, specify below _____

Case required hospitalisation for this illness

No

Yes, specify hospital _____

Admitted date

Discharged date

Has the case had a positive test for any other mosquito borne disease before

No

Yes, specify disease(s) and year of positive test(s) _____

History of illness/clinical comments include any relevant comments, such as possible source of infection, others with similar illness, etc.

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

Did the case travel outside the Melbourne metropolitan area in the 3–21 days before becoming unwell with this illness (include travel within regional Victoria)

- No
- Unknown
- Yes, specify travel history below

Where (country and city or state and city)

from date

to date

_____ | _____ | _____

_____ | _____ | _____

_____ | _____ | _____

Did the case spend time in parklands (e.g. State or National parks) within Melbourne in the 3–21 days before becoming unwell

- No
- Unknown
- Yes, specify travel history below

Where (name of parkland or location)

from date

to date

_____ | _____ | _____

_____ | _____ | _____

_____ | _____ | _____