

Confidential Notification of Sexually Transmissible Infection



Health
and Human
Services

The following Group C conditions require 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 has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Please indicate the condition you are notifying

- Chlamydia trachomatis* infection
- Donovanosis
- Gonococcal infection
- Syphilis infection (less than 2 years)
 - Primary (chancere)
 - Secondary (rash)
 - Early latentIs this a reinfection?
 - Yes
 - No
- Syphilis (2 years or more duration or unknown)
 - Has this been adequately treated
 - Yes
 - No
- Congenital syphilis

Case details

Provide only the first two letters

Last name: _____ First name: _____ Postcode of residence: _____

Date of birth: _____ Sex:
 Male Other, specify _____
 Female

Is the case Aboriginal or Torres Strait Islander

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Unknown

Country of birth ...country: _____ ...year arrived in Australia: _____
 Australia
 Overseas > _____

Alive/deceased: _____ ...date of death: _____
 Alive Died due to this infection > _____
 Died due to other causes > _____

Partner notification is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases. If you require assistance or advice, the department's partner notification officers can be contacted on (03) 9096 3367.

Please indicate below:

- I do not require assistance or advice with contact tracing
- I have already referred this case to partner notification officers

Case details and history

Is the case HIV positive

- Yes
- No
- Unknown

Why was the case tested (tick all that apply)

- STI screening requested by case
- STI screening requested by doctor
- Case presented with clinical signs and symptoms of syphilis
- Case presented with clinical signs and symptoms of another STI
- Case was a contact of an infected individual
- Antenatal screening
- Post treatment follow-up
- Other, specify _____

If symptomatic, specify onset of illness (first symptom)

Where was the infection probably acquired

- Victoria
- Interstate, specify _____
- Overseas, specify _____
- Unknown

From whom was this infection probably acquired

- Casual partner
- Regular partner
- Sex worker
- Client (the case is a sex worker)
- Unknown

The sexual partner above was

- Person of opposite sex only
- Person of same sex only
- Persons of both sexes
- Sexual exposure unknown

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

____/____/____