

## DISEASE

Case details				NDD no.	_____	
Surname	_____	Given name	_____	Sex	M F	
DOB	__/__/__	Age	____ yrs/mth			
Address	_____					
Suburb	_____	Postcode	_____	Telephone	_____	
Other contact	_____				Telephone	_____
Occupation/school	_____				Telephone	_____
Indigenous	<input type="checkbox"/> Aboriginal	COB	<input type="checkbox"/> Australia	Language	<input type="checkbox"/> English	
	<input type="checkbox"/> Torres St Islander		<input type="checkbox"/> Other: <i>specify</i>		<input type="checkbox"/> Other: <i>specify</i>	
	<input type="checkbox"/> No		_____		_____	

Disease					
Symptomatic	Y N	Onset date	__/__/__		

Notes

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**Definition**     suspect     presumptive     confirmed

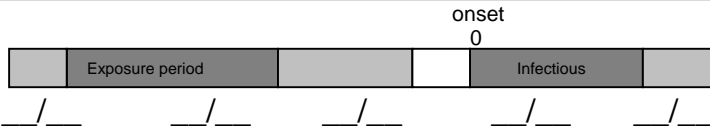
Laboratory					
Lab confirmed	Y N	Specimen	_____	Specimen date	__/__/__
Organism	_____				
Suborganism	_____	ID method	<input type="checkbox"/> serology	<input type="checkbox"/> IgM +	_____
			<input type="checkbox"/> other		

Notification						
First notifier	_____	Telephone	_____	Fax	_____	
Notifier type	<input type="checkbox"/> Lab	Notified date	__/__/__	Received date	__/__/__	
No. in order of receipt	<input type="checkbox"/> Doctor					
	<input type="checkbox"/> Hospital (not lab)					
	<input type="checkbox"/> Other _____					
Treating doctor	_____	Telephone	_____	Postcode	_____	
Address	_____				Fax	_____

Outcome						
Hospitalised	Y N	Admitted date	__/__/__	Discharge date	__/__/__	
Hospital/s	_____				MRN	_____
Hosp doctor	_____	Telephone	_____	Address	_____	
Deceased	Y N	Death date	__/__/__	Cause of death	Y N U	

**Risk factors**

**Infection timeline**



Dates    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_

**Exposures** \_\_\_\_\_ **before onset:**

**Specify**

- An outbreak                                    Y   N   U
- Another notified case                        Y   N   U
- Possible case (not notified)                Y   N   U
- Travel    Y   N   U
- Y   N   U
- Y   N   U
- Y   N   U
- Y   N   U

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\_\_\_\_\_

**Vaccinated against** \_\_\_\_\_ Y   N   U

Doses        \_\_\_                                    Date last    \_\_\_/\_\_\_/\_\_\_

**Contact management** (*persons exposed* \_\_\_ *to* \_\_\_ *days after onset*)

Case advised about reducing spread to others    Y   N

<i>Close contacts</i>	<i>Relationship</i>	<i>Age/DOB</i>	<i>Telephone</i>	<i>Intervention</i>	<i>By whom?</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Notes**

No. contacts identified                                    \_\_\_\_\_

No. contacts prophylaxed                                \_\_\_\_\_

**Notes**

**Administration**

Completed by \_\_\_\_\_ Date finalised    \_\_\_/\_\_\_/\_\_\_                                    PHU                                    \_\_\_\_\_