Confidential and Routine
Notification of Tuberculosis by Medical Practitioners

Department of Health

Tuberculosis 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 and/or the Victorian Tuberculosis Program 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

URN

Sex
- ☐ Male
- ☐ Female
- ☐ Other, specify >

Medicare
- ☐ Yes
- ☐ No

Residential address

City

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

How many people live at the specified residential address

Total number adults and children

Number of children

Is this person of Aboriginal or Torres Strait Islander origin
- ☐ No
- ☐ Unknown
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander

Country of birth ...country
- ☐ Australia
- ☐ Overseas >

...year arrived in Australia

If born overseas, is the person currently on a TB Health Undertaking
- ☐ No
- ☐ Unknown
- ☐ Yes, is currently on a TB Health Undertaking

Interpreter required
- ☐ No
- ☐ Yes, language >

Occupation and/or school and/or childcare attended

Clinical summary

Alive/deceased
- ☐ Alive
- ☐ Died due to Tuberculosis >
- ☐ Died due to other/unknown causes >

Date of death

Cause of death (if known)

Date of symptoms onset

Symptoms
- ☐ Fever
- ☐ Haemoptysis
- ☐ Sputum
- ☐ Sweats
- ☐ Cough, specify duration >
- ☐ Weight loss
- ☐ Other, specify >

When was the first presentation to a health professional (e.g., GP) for screening or with symptoms of TB (partial date OK)

Has testing for HIV been offered/provided
- ☐ Yes, positive
- ☐ Yes, negative
- ☐ Yes, result unknown
- ☐ Testing pending
- ☐ No
- ☐ Unknown
- ☐ Preferred not to test

Is this a new or recurrent case
- ☐ New case
- ☐ Relapse following full treatment in Australia
- ☐ Relapse following partial treatment in Australia
- ☐ Relapse following full treatment overseas
- ☐ Relapse following partial treatment overseas

Does the person have any of the following
- ☐ Chronic liver disease
- ☐ Mental health—Cognitive impairment
- ☐ Mental health—Psychiatric illness

Pregnancy status
- ☐ Pregnant, estimated due date >
- ☐ Not pregnant
- ☐ Unknown
- ☐ Not applicable

Is the person a current in-patient in hospital
- ☐ No
- ☐ Yes

Form continues over page

Notifying doctor / Hospital / Laboratory details

Notifying doctor name

Medicare provider no.

Treating unit

Address / Hospital name / Laboratory name

Department use only

City

Postcode

Telephone

Fax

Date

Please identify the case on every page

Last name | First name | Date of birth

Risk factors for Tuberculosis (tick all that apply)

- ☐ Household member or close contact with TB
- ☐ Past travel to, or through, or residence in (for at least 3 months cumulative anytime in the case's life) in a high-risk country or countries
- ☐ Australian-born child (aged less than 15 years) with one or more parents born in a high-risk country
- ☐ Ever resided in a correctional facility
- ☐ Ever resided in an aged care facility
- Ever employed, volunteered or interned in:
  - ☐ An institution (correctional facility, aged care facility, homeless shelter)
  - ☐ The Australian health industry (including health laboratories)
  - ☐ Health industry overseas (including health laboratories)
- Currently working or in last 12 months worked, volunteered or interned in last 12 months in the:
  - ☐ Australian health industry (including health laboratories)
  - ☐ Health industry overseas (including health laboratories)
- ☐ Chest X-ray suggestive of old untreated TB
- Immunosuppressive therapy:
  - ☐ Monoclonal antibodies
  - ☐ TNF inhibitors
  - ☐ Anti-rejection (previous solid organ transplant or haematopoietic stem cell transplant)
  - ☐ Prednisolone or corticosteroids
  - ☐ Other or unknown
- ☐ Immunosuppressive health conditions
- ☐ Renal replacement therapy/dialysis or end-stage renal failure
- ☐ Diabetes
- ☐ Smoking
- ☐ Silicosis
- ☐ Undernutrition
- ☐ Ever homeless
- ☐ Intravenous drug use
- ☐ Alcohol abuse
- ☐ Other substance abuse
- ☐ Other
- ☐ No risk factors identified
- ☐ Not assessed

Medical summary — testing and site

Specimen	Specimen date	Tests and results			
Sputum		Microscopy: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Nucleic acid test/PCR: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Culture: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	
Bronchial washings		Microscopy: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Nucleic acid test/PCR: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Culture: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Histology: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown
Other specimen, specify		Microscopy: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Nucleic acid test/PCR: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Culture: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown	Histology: ☐ Positive ☐ Negative ☐ Not done ☐ Unknown

Date of chest X-ray / CT

Radiology facility name

Chest X-ray / CT results
- ☐ Normal
- ☐ Abnormal - non-cavitary
- ☐ Abnormal - cavitary
- ☐ Not done
- ☐ Unknown

Details of chest X-ray / CT

Imaging type
- ☐ Chest X-ray
- ☐ CT
- ☐ MRI

Site of disease
- ☐ Pulmonary only
- ☐ Pulmonary plus other site(s), specify other site(s) >
- ☐ Extra-pulmonary only, specify site(s) >
- ☐ Bone joint
- ☐ Genito/urinary
- ☐ Lymph nodes
- ☐ Meningeal
- ☐ Miliary
- ☐ Peritoneal
- ☐ Pleural
- ☐ Other, specify other site(s) >

Treatment details

Anti-tuberculosis treatment commencement date

What is the current treatment regimen
- ☐ Isoniazid
- ☐ Rifampicin
- ☐ Pyrazinamide
- ☐ Ethambutol
- ☐ Moxifloxacin
- ☐ Other, specify >

Please advise your patient that a Clinical Nurse Consultant from the Victorian Tuberculosis Program will be contacting them following discharge. Arrangements will then be made for contact screening if required.

For further information please contact the Victorian Tuberculosis Program on (03) 9342 9478.