

Notifiable disease reporting form

Notification by medical practitioner – Notifiable Diseases Act 1981

Reporting a notifiable disease by a medical practitioner is a requirement under section 8 of the [Notifiable Diseases Act 1981](#). Go to the [Northern Territory \(NT\) Health website](#) to view the NT Schedule of Notifiable Diseases.

Please ensure that the case has been informed: 1) of their diagnosis 2) that this information is being provided to the NT Department of Health 3) that the Centre for Disease Control (NT Department of Health) may contact them for further information

Conditions/s you are notifying (tick):			☎ = urgent, please call
<input type="checkbox"/> Acute post streptococcal glomerulonephritis (APSGN) ☎	<input type="checkbox"/> Group A streptococcal infection (invasive)	<input type="checkbox"/> Non-tuberculosis mycobacterial disease	
<input type="checkbox"/> Adverse vaccine reaction	<input type="checkbox"/> Haemolytic uraemic syndrome (HUS) ☎	<input type="checkbox"/> Pertussis ☎	
<input type="checkbox"/> Anthrax ☎	<input type="checkbox"/> <i>Haemophilus influenza</i> – type b (invasive) ☎	<input type="checkbox"/> Plague ☎	
<input type="checkbox"/> Australian bat lyssavirus ☎	<input type="checkbox"/> Hendra virus infection ☎	<input type="checkbox"/> Poliovirus infection ☎	
<input type="checkbox"/> Avian influenza ☎	<input type="checkbox"/> Hepatitis B: newly acquired	<input type="checkbox"/> Rabies ☎	
<input type="checkbox"/> Botulism ☎	<input type="checkbox"/> Hepatitis C: newly acquired	<input type="checkbox"/> Rheumatic fever	
<input type="checkbox"/> Chancroid ☎	<input type="checkbox"/> Hepatitis not otherwise specified	<input type="checkbox"/> Rheumatic heart disease	
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> HIV (AIDS)	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Chikungunya virus infection ^a ☎	<input type="checkbox"/> HTLV1: Adult T cell leukaemia/lymphoma	<input type="checkbox"/> Scabies (crusted)	
<input type="checkbox"/> Cholera ☎	<input type="checkbox"/> HTLV1: Tropical spastic paraparesis	<input type="checkbox"/> Severe acute respiratory syndrome (SARS) ☎	
<input type="checkbox"/> Ciguatera fish poisoning ☎	<input type="checkbox"/> Japanese encephalitis ☎	<input type="checkbox"/> Smallpox ☎	
<input type="checkbox"/> Congenital rubella syndrome	<input type="checkbox"/> Kunjin virus infection ☎	<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Congenital syphilis	<input type="checkbox"/> Leprosy	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Lymphogranuloma venereum (LGV)	<input type="checkbox"/> Tuberculosis ☎	
<input type="checkbox"/> Creutzfeldt-Jakob disease	<input type="checkbox"/> Lyssavirus not otherwise specified ☎	<input type="checkbox"/> Tularaemia ☎	
<input type="checkbox"/> Dengue virus infection ^a ☎	<input type="checkbox"/> Malaria ☎	<input type="checkbox"/> Typhoid (including paratyphoid) ☎	
<input type="checkbox"/> Diphtheria ☎	<input type="checkbox"/> Measles ☎	<input type="checkbox"/> Typhus (all forms)	
<input type="checkbox"/> Donovanosis (granuloma inguinale)	<input type="checkbox"/> Meningococcal infection ☎	<input type="checkbox"/> Varicella infection unspecified	
<input type="checkbox"/> Food or waterborne disease (in 2 or more related cases) ☎	<input type="checkbox"/> Middle East respiratory syndrome (MERS) ☎	<input type="checkbox"/> <i>Vibrio</i> disease (invasive) ☎	
<input type="checkbox"/> Gastroenteritis (in an institution / food handler) ☎	<input type="checkbox"/> Mpox ☎	<input type="checkbox"/> Viral haemorrhagic fevers ☎	
<input type="checkbox"/> Gonococcal conjunctivitis ☎	<input type="checkbox"/> Mumps	<input type="checkbox"/> Yellow fever ☎	
<input type="checkbox"/> Gonococcal ophthalmia neonatorum ^b ☎	<input type="checkbox"/> Murray Valley encephalitis ☎	<input type="checkbox"/> Zoster (shingles)	

^a Urgently notify infection if suspected to have been acquired in the NT

^b Urgently notify infection if penicillin resistant isolate

Case details

First name*		Last name*	
Date of birth*	Age	Sex	HRN (if known)
Residential address		Postcode	
Telephone		Email	
Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Non-indigenous	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not stated/unknown	<input type="checkbox"/> Both Aboriginal & Torres Strait Islander
Country of birth	Interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes (language):		
Works in high risk setting?	<input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Child care worker <input type="checkbox"/> Commercial food handler	
Recent travel interstate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (where/dates):	
Recent travel overseas?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (where/dates):	

Disease details and results

How was the case found?	<input type="checkbox"/> Clinical presentation <input type="checkbox"/> Contact tracing <input type="checkbox"/> Screening <input type="checkbox"/> Unknown
Onset date (if known)	Date of death (if applicable)
Hospitalised?	<input type="checkbox"/> No <input type="checkbox"/> Yes (where/admission date):
Specimen collection	<input type="checkbox"/> No <input type="checkbox"/> Yes, result pending <input type="checkbox"/> Yes, result finalised
Collection date	Specimen type
Collection method	<input type="checkbox"/> Nucleic acid testing <input type="checkbox"/> Culture <input type="checkbox"/> Serology <input type="checkbox"/> Antigen detection <input type="checkbox"/> Microscopy <input type="checkbox"/> Other Laboratory:
Clinical notes	

Vaccine-preventable diseases (if disease was vaccine preventable, provide details)

Vaccination date/s	Vaccine type (brand name)
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Referring doctor/clinic/hospital details

Name	Clinic/hospital
Address	Postcode
Email	Notification date

Notify to the local Centre for Disease Control:

Darwin T: 8922 8044 F: 8922 8310 cdcsurveillance.darwin@nt.gov.au	Alice Springs T: 8951 7540 F: 8951 7900 cdc.alicesprings@nt.gov.au	Katherine T: 8973 9049 F: 8973 9048 cdc.katherine@nt.gov.au	Tennant Creek T: 8962 4259 F: 8962 4420 cdc.barkly@nt.gov.au	Nhulunbuy T: 8987 0357 F: 8987 0500 cdcgove.doh@nt.gov.au
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Collection notice

The information you provide on this form is collected by NT Health for the purpose of providing a public health response that includes contact tracing and case management under the *Notifiable Diseases Act* and *Public and Environmental Health Act*. The personal information you provide will be managed in accordance with the Information Privacy Principles contained in the *Information Act 2002* and will only be stored, used and disclosed in a manner that accords with privacy law.

If you have concerns with regard to the privacy of your information or would like to know more about accessing or correcting your information, please contact the NT Health Information and Privacy Unit at infoprivacyhealth.ths@nt.gov.au or on 08 8999 2880