

# Confidential and Routine

## Notification of Barmah Forest virus infection



Department  
of Health

Barmah Forest virus infection notification may be made to the Department of Health at:

**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 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

Medicare or other healthcare identifier

Sex

☐ Male

☐ Female

☐ Other, specify >

Identified gender

☐ Male

☐ Female

☐ Non-binary

☐ They use a different term, please specify

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

☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

☐ Unknown

Country of birth ...country

...year arrived in Australia

☐ Australia

☐ Unknown

☐ Overseas >

### Case details—continued

Interpreter required

☐ No

☐ Yes, language >

Occupation and/or school and/or child care attended

Alive/deceased

☐ Alive

☐ Died due to BFv, provide date of death >

☐ 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

Did the case require 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)

Year of positive test(s)

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

Where did the case travel in the 3-21 days before becoming unwell with this illness (include travel within metropolitan Melbourne, regional Victoria and interstate)

- ☐ The case does not report travel within the time period  
☐ Travel within the time period unknown  
☐ The case travelled within the time period, specify travel history below

Where (Address/details of location)

from date

to date


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

- ☐ No  
☐ Unknown  
☐ Yes, specify travel history below

Where (Address/details of location)

from date

to date


## Clinical comments

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

Data collection ends here. Thank you.

## Further information

### Transmission

Transmitted by bite of infected mosquito. There is no evidence of direct person-to person spread.

### Transmission risk areas

The main risk factor is living in or visiting known endemic areas, participating in outdoor activities during the warmer months.

Endemic areas: Rural/regional Victoria.

Non-endemic areas: Metropolitan Melbourne.

### Incubation period

Average 7 to 10 days but can range from 3 to 21 days.