

Ross River 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 RRv, 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
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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
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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 3 to 9 days but can range up to 21 days.