# Notifiable Conditions Information Management System – Variable checklists

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables requested and provide justification for their inclusion in your study.

# Incident Cases data

|  | Variable | Justification |
| --- | --- | --- |
| [ ]  | Age at onset (years) |       |
| [ ]  | Sex |       |
| [ ]  | Indigenous Status\*\* |  |
| [ ]  | Country of Birth |  |
| [ ]  | Language spoken at home |  |
| [ ]  | Condition Notified |  |
| [ ]  | Site of infection |  |
| [ ]  | Person Deceased? |  |
| [ ]  | Condition caused person’s death? |  |
| [ ]  | Symptom onset date |  |
| [ ]  | Symptomatic |  |
| [ ]  | Date first notified |  |
| [ ]  | Date of notification |  |
| [ ]  | Date of onset |  |
| [ ]  | Date notification received |  |
| [ ]  | Specimen date |  |
| [ ]  | Type of specimen |  |
| [ ]  | Notifier |  |
| [ ]  | Method of identification |  |
| [ ]  | Laboratory confirmed? |  |
| [ ]  | Laboratory testing method |  |
| [ ]  | State of disease acquisition |  |
| [ ]  | Place of disease acquisition |  |
| [ ]  | Postcode of disease acquisition |  |
| [ ]  | Admitted to hospital? |  |
| [ ]  | Hospital of admission |  |
| [ ]  | Hospital admission date |  |
| [ ]  | Hospital separation date |  |
| [ ]  | Occupation |  |
| [ ]  | High risk occupation |  |
| [ ]  | Postcode of residence |  |
| [ ]  | Statistical Local Area of residence |  |
| [ ]  | Local Health District of residence |  |

\*\*Approval of the Aboriginal Health and Medical Research Council Ethics Committee may be required to obtain this variable – please see notes in data dictionary.

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| Other/comments  |
|       |

# Vaccine Preventable Diseases data

|  | Variable | Justification |
| --- | --- | --- |
| [ ]  | Number of vaccine doses received |       |
| [ ]  | Case immunised? |       |
| [ ]  | Vaccination status |  |
| [ ]  | Vaccine  |  |
| [ ]  | Vaccine validation |  |
| [ ]  | Vaccine dose date |  |
| [ ]  | Vaccine validation (partial) |  |
| [ ]  | Vaccine dose date (partial) |  |
| [ ]  | Reason not vaccinated |  |
| [ ]  | Reason not vaccinated (other specify) |  |
| [ ]  | Vaccine (other) |  |

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| --- |
| Other/comments  |
|       |