

# CASE REPORT FORM

# Brucellosis

Brucellosis _____	EpiSurv No. _____
-------------------	-------------------

<b>Reporting Authority</b>	
Name of Public Health Officer responsible for case _____	
<b>Notifier Identification</b>	
<b>Reporting source*</b> <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source _____ Organisation _____	
Date reported* _____ Contact phone _____	
Usual GP _____ Practice _____ GP phone _____	
<b>GP/Practice address</b> Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Case Identification</b>	
<b>Name of case*</b> Surname _____ Given Name(s) _____	
<b>NHI number*</b> _____ <b>Email</b> _____	
<b>Current address*</b> Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Phone (home) _____ Phone (work) _____ Phone (other) _____	
<b>Case Demography</b>	
<b>Location</b> TA* _____ DHB* _____	
<b>Date of birth*</b> _____ <b>OR</b> <b>Age</b> _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
<b>Sex*</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
<b>Occupation*</b> _____	
<b>Occupation location</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> _____	
<b>Address</b> Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Alternative location</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> _____	
<b>Address</b> Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Ethnic group case belongs to*</b> (tick all that apply)	
<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)    *(specify) _____	

**Basis of Diagnosis**

**CLINICAL CRITERIA**

Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)\*  Yes  No  Unknown

**LABORATORY CRITERIA**

Meets laboratory criteria for disease\*  Yes  No  Unknown

Isolation of Brucella from clinical specimen  Yes  No  Not Done  Awaiting Results

Four-fold or greater rise in agglutination titre between acute and convalescent sera >= 2 weeks apart (By:  
 ELISA  SAT  Coombs  IFA)

Brucella IgG titre >= 160 (ELISA, SAT or Commbs + 2 ME) in serum obtained after onset of illness  Yes  No  Not Done  Awaiting Results

**EPIDEMIOLOGICAL CRITERIA**

Contact with a laboratory-confirmed case\*  Yes  No  Unknown

**STATUS\***  Under investigation  Probable  Confirmed  Not a case

**ADDITIONAL LABORATORY DETAILS**

Species (specify)\* \_\_\_\_\_

**Clinical Course and Outcome**

Date of onset\* \_\_\_\_\_  Approximate  Unknown

Hospitalised\*  Yes  No  Unknown

Date hospitalised\* \_\_\_\_\_  Unknown

Hospital\* \_\_\_\_\_

Died\*  Yes  No  Unknown

Date died\* \_\_\_\_\_  Unknown

Was this disease the primary cause of death?\*  Yes  No  Unknown  
 If no, specify the primary cause of death\* \_\_\_\_\_

**Outbreak Details**

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?\*  Yes  No  
 If yes, specify Outbreak No.\* \_\_\_\_\_

**Risk Factors**

Occupational exposure to animals or animal products in 3 months before illness\*  Yes  No  Unknown  
 If yes, specify exposure in detail: \* \_\_\_\_\_

If yes, was this exposure in NZ?\*  Yes  No  Unknown

Consumption of unpasteurised milk or milk products in 3 months before illness\*  Yes  No  Unknown  
 If yes, specify exposure in detail: \* \_\_\_\_\_

If yes, was this exposure in NZ?\*  Yes  No  Unknown

**Risk Factors continued**

Was the case overseas during the incubation period\* (range 5-60 days) for brucellosis?  Yes  No  Unknown

If yes, date arrived in New Zealand\* \_\_\_\_\_

Specify countries visited\* (from most recent to least recent)

Country

Date Entered

Date Departed

Last: \_\_\_\_\_

Second Last: \_\_\_\_\_

Third Last: \_\_\_\_\_

If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?\*  Yes  No  Unknown

If yes, specify\* \_\_\_\_\_

Other risk factors for disease\* \_\_\_\_\_

**Management****CASE MANAGEMENT**

Case reported to Ministry of Health for coordination of notification and investigation with MAF\*  Yes  No  Unknown

**Comments\***