

CASE REPORT FORM

Enteric Disease

Enteric Disease _____		EpiSurv No. _____	
Disease Name			
<input type="radio"/> Gastroenteritis - unknown cause <input type="radio"/> Gastroenteritis/foodborne intoxication - specify _____			
<input type="radio"/> Campylobacteriosis <input type="radio"/> Cholera <input type="radio"/> Cryptosporidiosis <input type="radio"/> Giardiasis			
<input type="radio"/> Paratyphoid fever <input type="radio"/> Salmonellosis <input type="radio"/> Shigellosis <input type="radio"/> Typhoid fever <input type="radio"/> Yersiniosis			
Reporting Authority			
Name of Public Health Officer responsible for case _____			
Notifier Identification			
Reporting source* <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 _____	
GP/Practice address Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____	
<input type="checkbox"/> GeoCode _____			
Case Identification			
Name of case* Surname _____		Given Name(s) _____	
NHI number* _____		Email _____	
Current address* Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____	
<input type="checkbox"/> GeoCode _____			
Phone (home) _____		Phone (work) _____	
Phone (other) _____			
Case Demography			
Location TA* _____		DHB* _____	
Date of birth* _____		OR Age _____	
		<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown			
Occupation* _____			
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____	
<input type="checkbox"/> GeoCode _____			
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____	
<input type="checkbox"/> GeoCode _____			
Ethnic group case belongs to* (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* Yes No Unknown

LABORATORY CRITERIA (refer to case definition)
 Meets laboratory criteria* Yes No Unknown
 Organism / toxin / antigen / oocysts / cysts / trophozoites isolated or detected from body site* Yes No Not Done Awaiting Results
 Specify site* Faeces Blood Other site (*specify) _____
 Organism / toxin isolated or detected from linked food or water* Yes No Not Done Awaiting Results

EPIDEMIOLOGICAL CRITERIA
 Contact with a confirmed case of the same disease* Yes No Unknown
 (If yes also record details in risk factors section)
 Part of an identified common source outbreak* Yes No Unknown
 (If yes also record details in outbreak section and risk factors section)

STATUS* Under Investigation Probable Confirmed Not a case

ADDITIONAL LABORATORY DETAILS
 Organism species/serotype/phage toxin etc* _____
 ESR Updated Laboratory _____
 Date result updated _____ Sample Number _____

ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES

Were there any food, water or environmental samples associated with this case? Yes No Unknown
 If yes, specify type(s) and results

Sample Type	Sample Number	Result
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**FOOD PREMISES**

Did the case consume food from a food premises during the incubation period?~ Yes No Unknown
If yes, specify _____

1. Name of premises _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Foods eaten _____ **Date consumed** _____

Comments _____ **Status** Suspected Confirmed Exonerated

2. Name of premises _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Foods eaten _____ **Date consumed** _____

Comments _____ **Status** Suspected Confirmed Exonerated

3. Name of premises _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Foods eaten _____ **Date consumed** _____

Comments _____ **Status** Suspected Confirmed Exonerated

DRINKING WATER

Current address* water supply code _____ or specify _____

Work/school/pre-school* water supply code _____ or specify _____

Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ Yes No Unknown

If yes, specify address* _____ Water supply code _____

Water supply code _____

Did the case consume untreated surface water, bore water or rain water during the incubation period?~ Yes No Unknown

If yes, specify water source:~ _____

RECREATIONAL WATER CONTACT

Did the case have recreational contact with water during the incubation period?~ Yes No Unknown
If yes, nature of contact _____

Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool)

1. Name of pool _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Comments _____ **Date of exposure** _____

2. Name of pool _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Comments _____ **Date of exposure** _____

3. Name of pool _____

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure

Swimming in streams, rivers, sea etc

1. Name of stream/river/beach _____

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure

2. Name of stream/river/beach _____

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure

3. Name of stream/river/beach _____

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure

Other recreational contact with water specify Date of exposure

Location of other recreational contact with water _____

HUMAN CONTACT

Attendance at school, preschool or childcare~ Yes No Unknown

Did the case have contact with other symptomatic people during the incubation period?~ Yes No Unknown

If yes, specify type of contact _____

If yes, give names of people _____

Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~ Yes No Unknown

If yes, specify what they had contact with _____

ANIMAL CONTACT

Did the case have contact with farm animals during the incubation period?~ Yes No Unknown

If yes, specify type of animal _____

Did the case have contact with sick animals during the incubation period?~ Yes No Unknown

If yes, specify type of animal and illness _____

OVERSEAS TRAVEL

Was the case overseas during the incubation period for this disease* Yes No Unknown

If yes, date arrived in New Zealand* _____

Specify countries visited* Country Date Entered Date Departed

Last (most recent):* _____

Second last:* _____

Third last:* _____

Risk Factors continued

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

Other risk factor for disease (specify) ~ _____

Source**Was a source confirmed by***

a) Epidemiological evidence* Yes No Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case

b) Laboratory evidence* Yes No Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

Specify confirmed source(s)*

From consumption of contaminated food or drink, specify food or drink _____

From consumption of contaminated drinking water, specify supply _____

From contact with infected animal, specify type of animal _____

Person to person contact with another case, specify relationship to case _____

From other confirmed source, specify source _____

If not, were any probable sources identified?*

Specify probable source(s)* Yes No Unknown

From consumption of contaminated food or drink, specify food or drink _____

From consumption of contaminated drinking water, specify supply _____

From contact with infected animal, specify type of animal _____

Person to person contact with another case, specify relationship to case _____

From other probable source, specify source _____

Management**CASE MANAGEMENT**

Case excluded from work or school/preschool/childcare until well? Yes No NA Unknown

Does the case fit any of the following high risk categories?

Early childhood centre work Yes No Unknown

Food handler Yes No Unknown

Water supply worker Yes No Unknown

Intellectually/physically impaired Yes No Unknown

Healthcare/rest-home worker Yes No Unknown

If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? Yes No NA Unknown

CONTACT MANAGEMENT

Number of contacts identified _____

Number of contacts followed up according to national or local protocols _____

