

CASE REPORT FORM

Generic

EpiSurv No. _____

Disease Name	
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 (refer to case definition)**

- Fits Clinical Description*** Yes No Unknown
- If Leprosy, clinical form* Tuberculoid (TT) Borderline (BB) Lepromatous (LL)
- If Hydatid disease, Radiological/Imaging evidence of characteristic cystic disease* Yes No Unknown

LABORATORY CRITERIA (refer to case definition)

- Laboratory confirmation of disease*** Yes No Not Done Awaiting Results
- If yes, specify form of lab confirmation (tick all that apply)*
- Isolation of organism from clinical specimen
- Positive IgM antibody
- Significant rise in antibody level
- Other positive test* _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

- Contact with a laboratory confirmed case of the same disease*** Yes No Unknown

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

ADDITIONAL LABORATORY DETAILS

- If Leprosy, acid bacilli result* Multibacillary Paucibacillary

Other lab details: * _____

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 If yes, specify Outbreak No.* _____

Risk Factors

- Occupational exposure to disease reservoir*** Yes No Unknown

If yes specify exposure in detail: * _____

- Attendance at school, pre-school or childcare*** Yes No Unknown

Risk Factors continued

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

(refer to the Manual for Public Health surveillance in New Zealand [section C - Generic Communicable Disease Module] for incubation periods)

If yes, date arrived in New Zealand* _____

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

Country/Region	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* _____

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 known case

b) Laboratory evidence* Yes No Unknown

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

If yes, specify confirmed source:* _____

If not, were any probable sources identified?* Yes No Unknown

If yes, specify probable source(s):* _____

Protective Factors

Prior to onset, had the case been immunised with appropriate vaccine?* Yes No NA Unknown

If yes, specify date of last vaccination* _____

If yes, how was vaccination status confirmed* Patient/Caregiver recall Documented NA Unknown

Management**CASE MANAGEMENT**

Case excluded from work or school, pre-school or childcare for an appropriate period Yes No NA Unknown

CONTACT MANAGEMENT**Comments***