

**GENERIC**

<b>Disease Name</b>	
Disease	Tick the name of the disease from those listed. If the disease is not listed, tick "Other disease" and specify.
<b>Basis of Diagnosis</b>	
<b>CLINICAL CRITERIA</b>	
Fits clinical description	Tick "Yes" if the case fits the clinical description. Clinical descriptions for each of the communicable diseases to be notified on this form can be found on pages GEN 4-9. If not known or unavailable then tick the "Unknown" box.
If leprosy, clinical form	If the disease being notified is leprosy, indicate whether tuberculoid, borderline or lepromatous.
If hydatid disease, radiological/ imaging evidence	If the disease being notified is hydatid disease, indicate whether there was any radiological or other organ imaging evidence of characteristic disease. If not known or unavailable then tick the "Unknown" box.
<b>LABORATORY CRITERIA</b>	
Laboratory confirmation	Indicate the status of laboratory confirmation. If the laboratory test results were positive tick the "Yes" option, then tick any of the boxes which apply to specify the test(s). If the laboratory test results were negative tick the "No" option, if the results are not yet available, tick "awaiting results". If any of the laboratory tests were not carried out, tick "Not Done". Specify any other tests which were carried out but are not listed.
<b>EPIDEMIOLOGICAL CRITERIA</b>	
Contact with confirmed case	Indicate whether the case had contact with a laboratory confirmed case of the specified disease. If not known or unavailable then tick the "Unknown" box.

STATUS	<p>Under investigation - A case which has been notified but information is not yet available to classify it as probable or confirmed.</p> <p>For definitions of Probable and Confirmed cases for each of the diseases to be notified on this form, see pages GEN 4-9.</p> <p>Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.</p>
<b>ADDITIONAL LABORATORY DETAILS</b>	
If leprosy, acid fast bacilli result	If the disease being notified is leprosy, indicate whether multibacillary or paucibacillary.
Other laboratory details	Give details of any other relevant laboratory results.
<b>Risk Factors</b>	
Occupational exposure	Indicate whether the case had any occupational contact with an animal reservoir for the disease being notified. If "Yes", specify the exposure. If not known or unavailable then tick the "Unknown" box.
Attendance at pre-school or school, pre-school or childcare	Indicate whether the case attends pre-school or school, pre-school or childcare. If not known or unavailable then tick the "Unknown" box.
Overseas travel	Indicate whether the case was overseas during the incubation period for the disease (see pages GEN 4-9 for incubation periods). If "Yes", record the date of arrival in New Zealand. List the countries/regions visited (up to three) from the most recent to the least recent. Record date of entry and departure in each country/region.
Prior history of overseas travel	If the case has not been overseas during the incubation period for the disease, indicate whether any prior history of overseas travel might account for the infection. If "Yes", record details of this travel. If not known or unavailable then tick the "Unknown" box.
Other risk factor for disease	Specify any other risk factors under surveillance for the disease if they were present.

<b>Source</b>	
Confirmed source	Indicate whether a source was confirmed by epidemiological evidence eg, part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case. If not known or unavailable then tick the "Unknown" box.
a) epidemiological evidence	
b) laboratory evidence	Indicate whether a source was confirmed by laboratory evidence eg, organism or toxin of same type identified in food or drink consumed by the case. If "Yes" specify the confirmed source. If not known or unavailable then tick the "Unknown" box.
Probable source	If no confirmed source, indicate whether a probable source was identified. If "Yes" specify the probable source. If not known or unavailable then tick the "Unknown" box.

<b>Protective Factors</b>	
Immunisation	Indicate whether the case had been immunised with the appropriate vaccine <b>at any time before</b> becoming ill. If there is no vaccine for the disease tick "NA". If not known or unavailable then tick the "Unknown" box. If "Yes", specify the date of the last vaccination and indicate the source of the information - patient/caregiver or documented evidence.  This information is particularly important for poliomyelitis so that cases can be classified as vaccine associated or wild virus associated.
<b>Management</b>	
<b>CASE MANAGEMENT</b>	
Case excluded from work or school/pre-school/childcare	Indicate whether the case was excluded from work or school/pre-school/childcare for the appropriate period. If the case does not attend work or school/pre-school/childcare tick the "NA" (not applicable) box. If not known or unavailable then tick the "Unknown" box.
Other case management	Give details of any other case management measures carried out if applicable.
<b>CONTACT MANAGEMENT</b>	
Appropriate contact management	Give details of any contact management measures carried out if applicable.

**CASE DEFINITIONS - GENERIC COMMUNICABLE DISEASE FORM****ANTHRAX****Incubation period**

Most cases occur within 48 hours of exposure (range = 2 hours - 7 days)

**Clinical description**

An illness with acute onset characterised by several distinct clinical forms including:

- a skin lesion that has evolved over two to six days from a papule, through a vesicular stage to a depressed black eschar, with considerable swelling around the lesion
- a respiratory illness of abrupt onset followed by the development of dyspnoea progressing to hypoxia, with X-ray evidence of mediastinal widening
- abdominal distress followed by fever and signs of septicaemia (rare)

90% of cases are cutaneous anthrax.

**Laboratory test for diagnosis**

One or more of the following:

- isolation of *Bacillus anthracis* from a clinical specimen
- demonstration of *Bacillus anthracis* in a clinical specimen by immunofluorescence.
- significant antibody titres developing in an appropriate clinical case.

**Status**

Probable - Nil.

Confirmed - A clinically compatible illness that is laboratory confirmed.

**CONGENITAL RUBELLA SYNDROME****Incubation period**

16-18 days (range = 14-23 days)

**Clinical description**

A live or stillborn infant with clinically compatible defects (cataracts, congenital heart disease, hearing defects, microcephaly, mental retardation, purpura, hepatosplenomegaly).

**Laboratory test for diagnosis**

Isolation of rubella virus from a clinical specimen from the infant

OR

demonstration of rubella-specific antibody (IgM) in the infant's serum

OR

persistence of rubella-specific IgG antibody of titre higher than expected from passive transfer of maternal antibody

OR

laboratory confirmed maternal rubella infection in the first trimester of pregnancy.

**Case classification**

Probable - A clinically compatible illness.

Confirmed - A clinically compatible illness that is laboratory confirmed.

## DIPHTHERIA

### Incubation period

Most cases occur within 2-5 days of exposure, but occasionally the period may be longer.

### Clinical description

An upper respiratory tract illness characterised by pharyngitis or laryngitis, low grade fever, with or without an adherent membrane of the tonsil(s), pharynx and/or nose, and/or toxic (cardiac or neurological) symptoms.

### Laboratory test for diagnosis

Isolation of *Corynebacterium diphtheriae* from a clinical specimen.

### Status

Probable - A clinically compatible illness that is not laboratory confirmed.

Confirmed - A clinically compatible illness that is laboratory confirmed.

## ENTEROBACTER SAKAZAKII INFECTION

### Clinical description.

Severe illness, usually in neonates, presenting with fever and/or tachycardia and one or more of the following-

- meningitis
- encephalitis
- necrotising enterocolitis
- severe diarrhoea
- severe sepsis.

### Laboratory test for diagnosis.

Culture and biochemical identification.

### Status

Confirmed: Isolation of the organism from a normally sterile site eg. CSF, urine.

Probable: Clinical deterioration with isolation of the organism from a non-sterile site eg faeces.

**Note:** The 'Comments' field should be used to give details of-

- **specific reporting source** eg. neonatal intensive care unit, maternity units etc.
- **clinical features** of the presenting illness eg meningitis, necrotising enterocolitis, encephalitis, severe diarrhoea, severe sepsis.
- **specific risk factors** eg prematurity, low birth weight, immune-suppression, congenital abnormality, medically debilitated etc.

- **details of feeding** eg breast milk, powdered infant formula, milk fortifier, etc. This should include brand name of the formula used. If “powdered”, reporting should include the time between making up the feed and feeding the infant.

## HYDATID DISEASE

### Incubation period

Variable from 12 months to many years.

### Clinical description

Symptoms are caused by the local pressure effects of a cysts, most commonly in the liver. Many cysts are asymptomatic and found by chance but still should be notified.

### Laboratory test for diagnosis

Identification of live *Echinococcus granulosus* in cyst fluid or, rarely, sputum  
OR

Positive serological tests for *E. granulosus*.

### Status

Probable - Radiological or other organ imaging evidence of characteristic cystic disease with positive serological tests.

Confirmed - Histopathological or other demonstration of live *E. granulosus* cysts.

## LEPROSY

### Incubation period

Average = 4 years for tuberculoid leprosy, and 8 years for lepromatous leprosy.

Range for both diseases is 9 months to 20 years.

### Clinical description

A chronic bacterial disease characterised by the involvement of mainly skin and peripheral nerves. Clinical forms represent a spectrum reflecting the cellular immune response to *Mycobacterium leprae*. Anaesthetic skin lesions and nerve enlargements are characteristic of the disease.

Tuberculoid leprosy (TT): a few anaesthetic skin lesions and peripheral nerve abnormalities.

Borderline leprosy (BB): skin lesions characteristic of both TT and LL forms.

Lepromatous leprosy (LL): widespread erythematous papules and nodules with facial and aural infiltration, often accompanied by both individual peripheral nerve abnormalities and a symmetrical peripheral neuropathy.

Note: The disease is now also classified as multibacillary or paucibacillary leprosy on the basis of the number of bacteria found in skin smears. This classification of leprosy determines chemotherapy.

### Laboratory test for diagnosis

Demonstration of acid-fast bacilli in biopsy tissue or split skin smears  
OR

a biopsy with characteristic pathological changes.

### Status

Probable - A clinically compatible syndrome that lacks laboratory confirmation.

Confirmed - A clinically compatible syndrome with acid fast bacilli in biopsy or smear.

## PLAGUE

### Incubation period

Usually 2-6 days. Primary plague pneumonia, 2-4 days.

### Clinical description

A disease characterised by fever and leucocytosis presenting in one of the following ways:

- regional lymphadenitis (bubonic plague)
- septicaemia (septicaemic plague)
- pneumonia (pneumonic plague)
- pharyngitis and cervical lymphadenitis (pharyngeal plague).

### Laboratory test for diagnosis

Isolation of *Yersinia pestis*

OR

four-fold or greater rise in antibody to *Y. pestis*.

Discuss laboratory testing with ESR.

### Status

Probable - A clinically compatible illness with a single serological positive test.

Confirmed - A clinically compatible illness that is laboratory confirmed.

## POLIOMYELITIS

### Incubation period

Usually 7-14 days (range = 3-35 days)

### Clinical description

A disease, with no other apparent cause, characterised by:

- acute flaccid paralysis of one or more limbs with decreased or absent deep tendon reflexes in affected limbs
- no sensory or cognitive loss
- may affect bulbar muscles.

**Vaccine associated** A case occurring in a vaccine recipient 7-30 days after receiving oral polio vaccine, or a case occurring in a contact of a vaccinee 7-60 days after the vaccinee received oral polio vaccine.

**Wild virus associated** Any case which does not meet the criteria for being vaccine associated.

### Laboratory test for diagnosis

Isolation of the polio virus from a clinical specimen (see the Communicable Disease Control Manual, page 1-25 for collection and testing of samples).

### Status

Probable - A clinically compatible illness.

Confirmed - A clinically compatible illness and the case has a neurological deficit 60

days after the onset of symptoms or has died, with no other cause.

### **PRIMARY AMOEBIC MENINGOENCEPHALITIS**

#### **Incubation period**

Usually 3-7 days.

#### **Clinical description**

Presents as fulminating meningitis.

#### **Laboratory test for diagnosis**

Demonstration in cerebrospinal fluid of the causative organism *Naegleria fowleri*.

#### **Status**

Probable - Clinically compatible illness with history of immersion in thermal pool.

Confirmed - Compatible illness which is laboratory confirmed.

### **RABIES**

#### **Incubation period**

Usually 3-8 weeks (occasionally as short as 9 days and up to 7 years).

#### **Clinical description**

An acute encephalomyelitis that progresses to coma and death within ten days of the onset.

#### **Laboratory test for diagnosis**

Isolation of rabies virus from skin snips, saliva, CSF or neural tissue

OR

detection of viral antigen in tissue

OR

detection of rabies neutralising antibody at a titre of at least 1:5 in serum or CSF (provided the patient is not immunised).

These tests may not be available in New Zealand.

#### **Status**

Probable - A clinically compatible illness with history of travel to an area where rabies is endemic.

Confirmed - A clinically compatible illness that is laboratory confirmed.

### **RICKETTSIAL DISEASE (including Q Fever and typhus)**

#### **Incubation period**

Rickettsial disease = variable dependant on the disease agent (usually between 1-3 weeks)

Murine typhus fever = 1-2 weeks

Scrub typhus = 10-12 days (6-21 days)

Tick typhus = 5-7 days

Q fever = 2-3 weeks

#### **Clinical description**

An illness most commonly characterised by acute onset and fever, usually accompanied by myalgia, headache, and rash.

### Laboratory test for diagnosis

Isolation of *Rickettsia* spp. in a clinical specimen

Consult with a microbiologist or ESR for appropriate serological tests. The following serological tests are available at Auckland hospital laboratory:

- *Rickettsia mooseri* for murine typhus
- *Rickettsia tsutsugamushi* for scrub typhus group
- *Rickettsia conori* for tick typhus group.

### Status

Probable - A clinically compatible illness with a raised single titre in a traveller.

Confirmed - A clinically compatible illness that is laboratory confirmed.

## TETANUS

### Incubation period

Usually between 3-21 days (range 1 day-several months)

### Clinical description

Acute onset of hypertonia and/or painful muscular contractions most commonly of the jaw and neck and generalised muscle spasms. The clinical presentation of tetanus may be subtle.

### Laboratory test for diagnosis

Nil.

### Status

Probable - Nil.

Confirmed - A clinically compatible illness.

## VIRAL HAEMORRHAGIC FEVERS

### Incubation period

Marburg virus disease = 3-9 days

Ebola virus disease = 2-21 days

Lassa fever = 6-21 days

### Clinical description

Severe systematic illnesses with differing symptoms, progressing to haemorrhages and shock. An appropriate travel history to an endemic country is required for the diagnosis.

### Laboratory test for diagnosis

Discuss laboratory testing with ESR. These tests are not available in New Zealand. Diagnosis is made by viral isolation or serology.

### Status

Probable - A clinically compatible illness with history of travel to an appropriate country.

Confirmed - A clinically compatible illness that is laboratory confirmed.