

CASE REPORT FORM

Tuberculosis

Tuberculosis _____		EpiSurv No. _____
Disease Name		
<input type="radio"/> Tuberculosis disease - new case <input type="radio"/> Tuberculosis disease - relapse or reactivation <input type="radio"/> Tuberculosis - treatment of latent infection <input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)		
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/Practice address Number _____ Street _____ Suburb _____		GP phone _____
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**LABORATORY CRITERIA**

- Meets laboratory criteria for disease*** Yes No Unknown
- Demonstration of acid-fast bacilli in a clinical specimen** Yes No Not Done Awaiting Results
If yes, specify site Sputum Other (specify) _____
- Isolation of Mycobacterium tuberculosis, or M. bovis from a clinical specimen** Yes No Not Done Awaiting Results
If yes, specify site Sputum Other (specify) _____
- Demonstration of M. tuberculosis nucleic acid (PCR or LCR only)** Yes No Not Done Awaiting Results
If yes, specify site Sputum Other (specify) _____
- Histology strongly suggestive of tuberculosis** Yes No Not Done Awaiting Results

MANTOUX STATUS

- Mantoux tests done*** Yes No Awaiting Results Unknown
- Date*** _____ **mm induration*** _____ **mm** **Date*** _____ **mm induration*** _____ **mm**
- Mantoux status*** (tick most appropriate - must use definitions in TB guidelines)
 Mantoux Negative Mantoux Positive Mantoux Converted Mantoux Unknown

OTHER CRITERIA

- Treatment for presumptive TB*** Yes No Unknown
- Interim treatment for presumptive LTBI in children < 5 years*** Yes No Unknown

- STATUS*** Under investigation Probable - presumptive (no laboratory confirmation) Confirmed (laboratory confirmation) Not a case

PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)

- Date of first tuberculosis diagnosis*** _____
- Name of doctor who made diagnosis*** _____
- Place where diagnosis made (town/city/country)*** _____
- Was diagnosis confirmed by laboratory testing?*** Yes No Unknown
- Was the case treated?*** Yes No Unknown
If yes, duration of treatment* _____ months

ADDITIONAL CLINICAL DETAILS**Site of disease (disease only)**

- Pulmonary*** Yes No
- Radiology*** Normal Active TB TB of Uncertain Activity Not Done Unknown
- Extrapulmonary*** Yes No
If yes, specify site* _____

How was case/infection discovered?*

- Contact follow-up Immigrant/refugee screening
- Attended practitioner with symptoms Other (specify*) _____
- Unknown

Basis of Diagnosis (continued)**ADDITIONAL LABORATORY DETAILS (DISEASE ONLY)**

If organism was isolated, specify species* Mycobacterium tuberculosis M. bovis
 Other (*specify) _____

Specify results of susceptibility testing**Antibiotic***Susceptible?**Isoniazid susceptible* Yes No Not Done Awaiting Results UnknownRifampicin susceptible* Yes No Not Done Awaiting Results UnknownEthambutol susceptible* Yes No Not Done Awaiting Results UnknownPyrazinamide susceptible* Yes No Not Done Awaiting Results Unknown*Specify other Antibiotic***Susceptible?**_____
 Yes No Unknown_____
 Yes No Unknown_____
 Yes No Unknown_____
 Yes No Unknown**Clinical Course and Outcome**

Date of onset* _____

 Approximate Unknown AsymptomaticHospitalised* Yes No Unknown

Date hospitalised* _____

 Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____

 UnknownWas this disease the primary cause of death?* Yes No UnknownIf 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* _____

DNA Code No.* _____

Risk Factors*Has HIV test been performed* Yes No UnknownOther immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* Yes No UnknownImmunosuppressive medication* Yes No UnknownContact with a confirmed case of tuberculosis* Yes No Unknown

If yes, specify nature of contact* _____

If yes, did contact occur within New Zealand* Yes No Unknown

If yes, specify name of case* _____

Risk Factors continued

Born outside New Zealand* Yes No Unknown
 If yes, specify country of birth* _____
 If yes, date of arrival in NZ* _____ Unknown

Current or recent residence in a household with a person(s) born outside New Zealand* Yes No Unknown
 If yes, specify country of birth* _____

Exposure in health care setting* Yes No Unknown
 If yes, specify exposure* _____

Current or recent residence in an institution (e.g. prison)* Yes No Unknown
 If yes, specify details* _____

Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation (M. bovis infection only)* Yes No Unknown
 *If yes, specify exposure in detail _____

Other risk factors for tuberculosis*
 (specify*) _____

Protective Factors

At any time prior to onset, had the case been immunised with BCG vaccine?* Yes No Unknown
 If yes, specify date given* _____ Unknown
 If yes, how was this confirmed* Scar Patient/Caregiver recall Documented Unknown

Management

CASE MANAGEMENT

Under specialist care* Yes No Unknown
 Name of specialist* _____

Date treatment started* _____ Unknown

Date treatment ended in NZ* _____ Unknown

Reason treatment ended*
 Tick all that apply* Treatment completed to the satisfaction of the prescribing doctor
 Went overseas
 Died
 Refused to complete treatment
 Stopped treatment because of adverse effects
 Lost
 Discontinuation of interim treatment for LTBI (child <5 years)
 Reason unknown

Did case receive DOT throughout the course of treatment?* Yes No Unknown

Management continued**CONTACT MANAGEMENT (disease only)**

Did case have any contacts at risk of infection?*

 Yes No Unknown*If yes, type of contact:**Number Identified*

Close contacts*

Casual contacts*

Comments*