

CASE REPORT FORM

Arboviral Disease

Arboviral Disease		EpiSurv No. EpiSurvNumber	
Disease Name DiseaseName			
<input type="radio"/> Dengue fever	<input type="radio"/> Barmah Forest virus infection	<input type="radio"/> Murray Valley encephalitis	
<input type="radio"/> Ross River virus infection	<input type="radio"/> Japanese encephalitis	<input type="radio"/> Yellow fever	
<input type="radio"/> Kunjin	<input type="radio"/> Lyme disease	<input type="radio"/> Chikungunya fever	
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName			
Notifier Identification			
Reporting source* ReportSrc	<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 ReportName	Organisation ReportOrganisation		
Date reported* ReportDate	Contact phone ReportPhone		
Usual GP UsualGP	Practice GPPracticeName	GP phone GPPhone	
GP/Practice address	Number housetnumber Street streetname Suburb suburb	Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Case Identification			
Name of case*	Surname Surname	Given Name(s) GivenName	
NHI number* NHINumber	Email Email		
Current address*	Number housetnumber Street streetname Suburb suburb	Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Phone (home) PhoneHome	Phone (work) PhoneWork	Phone (other) PhoneOther	
Case Demography			
Location TA* TA	DHB* DHB		
Date of birth* DateOfBirth	OR Age Age	<input type="radio"/> Days	<input type="radio"/> Months
		<input type="radio"/> Years	AgeUnits
Sex* Sex	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Indeterminate
			<input type="radio"/> Unknown
Occupation* Occupation			
Occupation location occupation_place_type	<input type="radio"/> Place of Work	<input type="radio"/> School	<input type="radio"/> Pre-school
Name occupation_place_name			
Address	Number housetnumber Street streetname Suburb suburb	Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Alternative location occupation_place_type	<input type="radio"/> Place of Work	<input type="radio"/> School	<input type="radio"/> Pre-school
Name occupation_place_name			
Address	Number housetnumber Street streetname Suburb suburb	Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Ethnic group case belongs to* (tick all that apply)			
<input type="checkbox"/> NZ European EthNZEuropan	<input type="checkbox"/> Maori EthMaori	<input type="checkbox"/> Samoan EthSamoan	<input type="checkbox"/> Cook Island Maori EthCookIslandMaori
<input type="checkbox"/> Niuean EthNiuean	<input type="checkbox"/> Chinese EthChinese	<input type="checkbox"/> Indian EthIndian	<input type="checkbox"/> Tongan EthTongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)	*(specify) EthOther EthSpecify1 EthSpecify2		

Basis of Diagnosis**CLINICAL CRITERIA**Fits Clinical Description* **FitClinDes** Yes No Unknown**Clinical features**

Main clinical syndrome (tick appropriate options(s))

- Encephalitis: acute central nervous system disease with aseptic meningitis or encephalitis **EncephalitisSyn**
- Fever with or without an exanthem **FeverSyn**
- Arthritis and rash **ArthritisRashSyn**

Clinical comments

ClinicalComments**LABORATORY CRITERIA**Laboratory confirmation of disease* **LabConfirm** Yes No Not Done Awaiting Results

If yes, specify method of laboratory confirmation (tick all that apply)

Isolation of virus from a clinical specimen **IsoVirus** Yes No Not Done Awaiting ResultsPositive IgM antibody **IgMPos** Yes No Not Done Awaiting ResultsIf yes, has the IgM been confirmed as a true positive by an overseas laboratory? **IgMConfirm** Yes No Not Done Awaiting ResultsPositive IgG antibody **IgGPos** Yes No Not Done Awaiting ResultsSignificant rise in IgG antibody level **IgGLevel** Yes No Not Done Awaiting ResultsOther positive test (specify) **OthPosTest****STATUS*** **Status** Under investigation Probable Confirmed Not a case**ADDITIONAL LABORATORY DETAILS**Serotype* **Serotype**If dengue, is there evidence of a previous dengue infection?* **PrevDengue** Yes No Unknown**Clinical Course and Outcome**Date of onset* **OnsetDt** _____ Approximate **OnsetDtApprox** Unknown **OnsetDtUnknown**Hospitalised* **Hosp** Yes No UnknownDate hospitalised* **HospDt** _____ Unknown **HospDtUnknown**Hospital* **HospName** _____Died* **Died** Yes No UnknownDate died* **DiedDt** _____ Unknown **DiedDtUnknown**Was this disease the primary cause of death?* **DiedPrimary** Yes No UnknownIf no, specify the primary cause of death* **DiedOther****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 **Outbrk**If yes, specify Outbreak No.* **OutbrkNo** _____

Risk Factors

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

If yes, date arrived in New Zealand* **DtArrived** _____

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

Country/Region* Date Entered* Date Departed*

Last:* **LastCountry** _____ **LastDtEntered** _____ **LastDtDeparted** _____

Second Last:* **SecCountry** _____ **SecDtEntered** _____ **SecDtDeparted** _____

Third Last:* **ThirdCountry** _____ **ThirdDtEntered** _____ **ThirdDtDeparted** _____

Country/region where arboviral disease probably acquired* **ProbCountry** _____

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

If yes, give details of travel* **PriorSpec** _____

Did the case travel within New Zealand during the 15 days before becoming ill?* **NZTravel** Yes No Unknown

Specify where in NZ the case travelled* **NZSpec** _____

Does the case's occupation involve contact with imported goods (e.g. imported machinery, tyres)?* **ContImportedGoods** Yes No Unknown

Other risk factors for disease* **RiskSpec** _____

Protective Factors

Prior to onset, had the case been immunised with appropriate vaccine?* **Immunised** Yes No N/A Unknown

If yes, specify date of last vaccination* **DtLastVaccine** _____ Unknown **DtVaccUnknown**

If yes, specify how vaccination status was confirmed?* **SceVaccine** Patient/caregiver recall Documented

Did the case take any of the following precautions:*

Use of insect repellents* **Repellent** Always Occasionally Rarely Never

Use of bed nets* **BedNets** Always Occasionally Rarely Never

Screened/air conditioned accommodation* **Screened** Always Occasionally Rarely Never

Wearing of long sleeved shirts and trousers* **Clothing** Always Occasionally Rarely Never

Any other precautions against biting insects* **OthPrecaution** Always Occasionally Rarely Never

Specify* **PrecautionSpec** _____

Comments*

Comments