



**Basis of Diagnosis****CLINICAL CRITERIA**

Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)\* **FitClinDes**  Yes  No  Unknown

**LABORATORY CRITERIA**

Meets laboratory criteria for disease\* **LabConf**  Yes  No  Unknown

Isolation of Brucella from clinical specimen **IsoSpecimen**  Yes  No  Not Done  Awaiting Results

Four-fold or greater rise in agglutination titre between acute and convalescent sera  $\geq$  2 weeks apart (By: **Titre4x**  Yes  No  Not Done  Awaiting Results

ELISA  SAT  Coombs  IFA) **TestSpec**

Brucella IgG titre  $\geq$  160 (ELISA, SAT or Coombs + 2 ME) in serum obtained after onset of illness **Titre160**  Yes  No  Not Done  Awaiting Results

**EPIDEMIOLOGICAL CRITERIA**

Contact with a laboratory-confirmed case\* **ContSource**  Yes  No  Unknown

**STATUS\*** **Status**  Under investigation  Probable  Confirmed  Not a case

**ADDITIONAL LABORATORY DETAILS**

Species (specify)\* **Species** \_\_\_\_\_

**Clinical Course and Outcome**

Date of onset\* **OnsetDt** \_\_\_\_\_  Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**

Hospitalised\* **Hosp**  Yes  No  Unknown

Date hospitalised\* **HospDt** \_\_\_\_\_  Unknown **HospDtUnknown**

Hospital\* **HospName** \_\_\_\_\_

Died\* **Died**  Yes  No  Unknown

Date died\* **DiedDt** \_\_\_\_\_  Unknown **DiedDtUnknown**

Was this disease the primary cause of death?\* **DiedPrimary**  Yes  No  Unknown

If 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**

Occupational exposure to animals or animal products in 3 months before illness\* **ExpAnimal**  Yes  No  Unknown

If yes, specify exposure in detail:\* **ExpAnimSpec** \_\_\_\_\_

If yes, was this exposure in NZ?\* **ExpAnimNZ**  Yes  No  Unknown

Consumption of unpasteurised milk or milk products in 3 months before illness\* **RawMilk**  Yes  No  Unknown

If yes, specify exposure in detail:\* **RawMilkSpec** \_\_\_\_\_

If yes, was this exposure in NZ?\* **RawMilkNZ**  Yes  No  Unknown

**Risk Factors continued**

Was the case overseas during the incubation period\* (range 5-60 days) for brucellosis? **Overseas**  Yes  No  Unknown

If yes, date arrived in New Zealand\* **DtArrived** \_\_\_\_\_

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

Country	Date Entered	Date Departed
Last: <b>LastCountry</b>	_____	_____
Second Last: <b>SecCountry</b>	_____	_____
Third Last: <b>ThirdCountry</b>	_____	_____

Last: **LastCountry** \_\_\_\_\_ **LastDtEntered** \_\_\_\_\_ **LastDtDeparted** \_\_\_\_\_

Second Last: **SecCountry** \_\_\_\_\_ **SecDtEntered** \_\_\_\_\_ **SecDtDeparted** \_\_\_\_\_

Third Last: **ThirdCountry** \_\_\_\_\_ **ThirdDtEntered** \_\_\_\_\_ **ThirdDtDeparted** \_\_\_\_\_

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, specify\* **PriorSpec** \_\_\_\_\_

Other risk factors for disease\* **RiskSpec** \_\_\_\_\_

**Management****CASE MANAGEMENT**

Case reported to Ministry of Health for coordination of notification and investigation with MAF\* **MAFReport**  Yes  No  Unknown

**Comments\***

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