

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: LastCountry	_____	_____
Second Last: SecCountry	_____	_____
Third Last: ThirdCountry	_____	_____

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*

Comments