

CASE REPORT FORM

Enteric Disease

Enteric Disease		EpiSurv No. EpiSurvNumber	
Disease Name DiseaseName			
<input type="radio"/> Campylobacteriosis <input type="radio"/> Cholera <input type="radio"/> Cryptosporidiosis <input type="radio"/> Giardiasis <input type="radio"/> Paratyphoid fever <input type="radio"/> Salmonellosis <input type="radio"/> Shigellosis <input type="radio"/> Yersiniosis <input type="radio"/> Typhoid fever <input type="radio"/> Gastroenteritis - unknown cause <input type="radio"/> Gastroenteritis/foodborne intoxication - specify DiseaseCauseName			
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName			
Notifier Identification			
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory ReportSrc <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/Practice address		GP phone GPPhone	
Number houzenumber	Street streetname	Suburb suburb	Post Code postcode
Town/City towncity			<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 houzenumber		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 houzenumber		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 houzenumber		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"/> Niuean EthNiuean		<input type="checkbox"/> Samoan EthSamoan	
<input type="checkbox"/> Chinese EthChinese		<input type="checkbox"/> Cook Island Maori EthCookIslandMaori	
<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

LABORATORY CRITERIA (refer to case definition)

Meets laboratory criteria* **LabConf** Yes No Unknown

Organism / toxin / antigen / oocysts / cysts / trophozoites isolated or detected from body site* **Isolation** Yes No Not Done Awaiting Results

Specify site* **IsoSite** Faeces Blood Other site (*specify) **IsoSiteSpec** _____

Organism / toxin isolated or detected from linked food or water* **OrgFood** Yes No Not Done Awaiting Results

EPIDEMIOLOGICAL CRITERIA

Contact with a confirmed case of the same disease* **ContCase** Yes No Unknown
(If yes also record details in risk factors section)

Part of an identified common source outbreak* **ComSceObrk** Yes No Unknown
(If yes also record details in outbreak section and risk factors section)

STATUS* **Status** Under Investigation Probable Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Organism species/serotype/phage toxin etc* **AddLab** _____

ESR Updated **AutoUpdated** Laboratory **Laboratory** _____

Date result updated _____ **SampleDate** Sample Number **SampleNumber** _____

ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES

Were there any food, water or environmental samples associated with this case? Yes No Unknown
AssocSample

If yes, specify type(s) and results

Sample Type	Sample Number	Result
SmpIType1	SmpINumber1	SmpIResult1
SmpIType2	SmpINumber2	SmpIResult2
SmpIType3	SmpINumber3	SmpIResult3

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**FOOD PREMISES**

Did the case consume food from a food premise during the incubation period?~ Yes No Unknown
 If yes, specify **Premises**

1. Name of premise PremiseSpec1

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten1 Date consumed DateConsumed1

Comments Comments1 Status **Implicated1** Suspected Confirmed Exonerated

2. Name of premise PremiseSpec2

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten2 Date consumed DateConsumed2

Comments Comments2 Status **Implicated2** Suspected Confirmed Exonerated

3. Name of premise PremiseSpec3

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten3 Date consumed DateConsumed3

Comments Comments3 Status **Implicated3** Suspected Confirmed Exonerated

DRINKING WATER

Current address* water supply code CurrWSCode or specify CurrWSSpec

Work/school/pre-school* water supply code WorkWSCode or specify WorkWSSpec

Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ **NonHabWS** Yes No Unknown

If yes, specify address* NonHabStreet1 NonHabSuburb1 NonHabCity1 Water supply code NonHabSupply1
NonHabStreet2 NonHabSuburb2 NonHabCity2 Water supply code NonHabSupply2

Did the case consume untreated surface water, bore water or rain water during the incubation period?~ **Untreated** Yes No Unknown

If yes, specify water source:~ UntreatedSource

RECREATIONAL WATER CONTACT

Did the case have recreational contact with water during the incubation period?~ Yes No Unknown
 If yes, nature of contact **RecContWtr**

Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool)**Pool**

1. Name of pool PoolSpec1

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Comments PoolComment1 Date of exposure PoolDate1

2. Name of pool PoolSpec2

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Comments PoolComment2 Date of exposure PoolDate2

3. Name of pool **PoolSpec3**

Address Number **houzenumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**
 Comments **PoolComment3** Date of exposure **PoolDate3**

Swimming in streams, rivers, sea etc **RiverSea**

1. Name of stream/river/beach **RiverSeaSpec1**

Address Number **houzenumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**
 Comments **RiverSeaComment1** Date of exposure **RiverSeaDate1**

2. Name of stream/river/beach **RiverSeaSpec2**

Address Number **houzenumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**
 Comments **RiverSeaComment2** Date of exposure **RiverSeaDate2**

3. Name of stream/river/beach **RiverSeaSpec3**

Address Number **houzenumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**
 Comments **RiverSeaComment3** Date of exposure **RiverSeaDate3**

Other recreational contact with water **OthRecCont** specify **OthRecSpec** Date of exposure **OthRecDate**

Location of other recreational contact with water **OthWater**

HUMAN CONTACT

Attendance at school, preschool or childcare~ **AttenSch** Yes No Unknown

Did the case have contact with other symptomatic people during the incubation period?~ **OthSym** Yes No Unknown

If yes, specify type of contact **OthSymCont**

If yes, give names of people **OthSymCases**

Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~ **ContFaecal** Yes No Unknown

If yes, specify what they had contact with **ContFaecalSpec**

ANIMAL CONTACT

Did the case have contact with farm animals during the incubation period?~ **Farm** Yes No Unknown

If yes, specify type of animal **FarmSpec**

Did the case have contact with sick animals during the incubation period?~ **SickAn** Yes No Unknown

If yes, specify type of animal and illness **SickAnSpec**

OVERSEAS TRAVEL

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* Country Date Entered Date Departed

Last (most recent):* **LastCountry** **LastDtArrived** **LastDtDeparted**

Second last:* **SecCountry** **SecDtArrived** **SecDtDeparted**

Third last:* **ThirdCountry** **ThirdDtArrived** **ThirdDtDeparted**

Risk Factors continued

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 factor for disease (specify) ~ **RiskSpec** _____

Source**Was a source confirmed by***

a) Epidemiological evidence* **SceConfEpi** Yes No Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case

b) Laboratory evidence* **SceConfLab** Yes No Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

Specify confirmed source(s)*

From consumption of contaminated food or drink, specify food or drink **ConfFD**

ConfFDName _____ **ConfFDSpec** _____

From consumption of contaminated drinking water, specify supply **ConfDW** **ConfDWSpec** _____

From contact with infected animal, specify type of animal **ConfInfAnim** **ConfInfAnimSpec** _____

Person to person contact with another case, specify relationship to case **ConfPP** **ConfPPSpec** _____

From other confirmed source, specify source **ConfOtherSce** **ConfOtherSceSpec** _____

If not, were any probable sources identified?*

Specify probable source(s)* **SceProb** Yes No Unknown

From consumption of contaminated food or drink, specify food or drink **ProbFD**

ProbFDName _____ **ProbFDSpec** _____

From consumption of contaminated drinking water, specify supply **ProbDW** **ProbDWSpec** _____

From contact with infected animal, specify type of animal **ProbInfAnim** **ProbInfAnimSpec** _____

Person to person contact with another case, specify relationship to case **ProbPP** **ProbPPSpec** _____

From other probable source, specify source **ProbOtherSce** **ProbOtherSceSpec** _____

Management**CASE MANAGEMENT**

Case excluded from work or school/preschool/childcare until well? Yes No NA Unknown

Does the case fit any of the following high risk categories? **Excluded**

Early childhood centre work **ChildWorker** Yes No Unknown

Food handler **FoodHandler** Yes No Unknown

Water supply worker **WaterWorker** Yes No Unknown

Intellectually/physically impaired **IHC** Yes No Unknown

Healthcare/rest-home worker **HealthWorker** Yes No Unknown

If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? **TestClear** Yes No NA Unknown

CONTACT MANAGEMENT

Number of contacts identified **NoContacts** _____

Number of contacts followed up according to national or local protocols **NoFollowup** _____

Comments*

Comments

Food Premises

4. Name of premise PremiseSpec4

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten4 Date consumed DateConsumed4

Comments Comments4 Status **Implicated4** Suspected Confirmed Exonerated

5. Name of premise PremiseSpec5

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten5 Date consumed DateConsumed5

Comments Comments5 Status **Implicated5** Suspected Confirmed Exonerated

6. Name of premise PremiseSpec6

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten6 Date consumed DateConsumed6

Comments Comments6 Status **Implicated6** Suspected Confirmed Exonerated

7. Name of premise PremiseSpec7

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten7 Date consumed DateConsumed7

Comments Comments7 Status **Implicated7** Suspected Confirmed Exonerated

8. Name of premise PremiseSpec8

Address Number houzenumber Street streetname Suburb suburb
 Town/City towncity Post Code postcode GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten8 Date consumed DateConsumed8

Comments Comments8 Status **Implicated8** Suspected Confirmed Exonerated