

CASE REPORT FORM

Generic

DiseaseName _____	EpiSurv No. EpiSurvNumber _____
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Disease Name	
DiseaseName _____	
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 Number hounumber _____ Street streetname _____ Suburb suburb _____	GP phone GPPhone _____
address 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 hounumber _____ Street streetname _____ Suburb suburb _____	Post Code postcode _____ <input type="checkbox"/> GeoCode geocode _____ addressmatchaccuracy _____
address* Town/City towncity _____	
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 hounumber _____ 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 hounumber _____ 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 _____	

DiseaseName _____	EpiSurv No. EpiSurvNumber _____
Basis of Diagnosis	
CLINICAL CRITERIA (refer to case definition)	
Fits Clinical Description* FitClinDes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If Leprosy, clinical form* LeprosyForm	<input type="radio"/> Tuberculoid (TT) <input type="radio"/> Borderline (BB) <input type="radio"/> Lepromatous (LL)
If Hydatid disease, Radiological/Imaging evidence of characteristic cystic disease* HydRadioEvid	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
LABORATORY CRITERIA (refer to case definition)	
Laboratory confirmation of disease* LabConf	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify form of lab confirmation (tick all that apply)*	
Isolation of organism from clinical specimen	<input type="checkbox"/> Isolation
Positive IgM antibody	<input type="checkbox"/> PositiveGM
Significant rise in antibody level	<input type="checkbox"/> RiseAntibody
Other positive test* OthPosTest	_____
EPIDEMIOLOGICAL CRITERIA (refer to case definition)	
Contact with a laboratory confirmed case of the same disease* ConfCase	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
STATUS* Status	<input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case
ADDITIONAL LABORATORY DETAILS	
If Leprosy, acid bacilli result* AcidFast	<input type="radio"/> Multibacillary <input type="radio"/> Paucibacillary
Other lab details:* AddLab	_____
Clinical Course and Outcome	
Date of onset* OnsetDt _____	<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised* Hosp	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* HospDt _____	<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName	_____
Died* Died	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date died* DiedDt _____	<input type="checkbox"/> Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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)?*	
<input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No.* OutbrkNo _____	
Risk Factors	
Occupational exposure to disease reservoir* ExpOccup	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes specify exposure in detail:* ExpOccSpec	

Attendance at school, pre-school or childcare* AttenSch	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Risk Factors continued

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

Overseas

(refer to the Manual for Public Health surveillance in New Zealand [section C - Generic Communicable Disease Module] for incubation periods)

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 _____

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** _____

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 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

If yes, specify confirmed source:* **SceConfSpecify** _____

If not, were any probable sources identified?* **SceProb** Yes No Unknown

If yes, specify probable source(s):* **SceProbSpecify** _____

Protective Factors

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

If yes, specify date of last vaccination* **ImmDate** _____

If yes, how was vaccination status confirmed* **ImmBasis** Patient/Caregiver recall Documented NA Unknown

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare for an appropriate period **Excluded** Yes No NA Unknown

CaseMgmtComm _____

CONTACT MANAGEMENT

ContMgmtComm _____

Comments*

Comments