

# CASE REPORT FORM

# Non seasonal influenza

Non seasonal influenza		EpiSurv No. <b>EpiSurvNumber</b>
<b>Disease Name</b>		
<input type="checkbox"/> Non seasonal influenza A (H1N1)		
<b>Reporting Authority</b>		
Name of Public Health Officer responsible for case <b>OfficerName</b>		
<b>Notifier Identification</b>		
<b>Reporting source*</b> <input type="checkbox"/> General Practitioner <input type="checkbox"/> Hospital-based Practitioner <input type="checkbox"/> Laboratory <b>ReportSrc</b> <input type="checkbox"/> Self-notification <input type="checkbox"/> Outbreak Investigation <input type="checkbox"/> Other		
Name of reporting source <b>ReportName</b>		Organisation <b>ReportOrganisation</b>
Date reported* <b>ReportDate</b>		Contact phone <b>ReportPhone</b>
Usual GP <b>UsualGP</b>	Practice <b>GPPracticeName</b>	GP phone <b>GPPhone</b>
GP/Practice address	Number <b>houseumber</b> Street <b>streetname</b> Suburb <b>suburb</b>	Post Code <b>postco...</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
	Town/City <b>towncity</b>	
<b>Case Identification</b>		
Name of case* Surname <b>Surname</b>		Given Name(s) <b>GivenName</b>
NHI number* <b>NHINumber</b>		Email <b>Email</b>
Current address*	Number <b>housenum...</b> Street <b>streetname</b> Suburb <b>suburb</b>	Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
	Town/City <b>towncity</b>	
Phone (home) <b>PhoneHome</b>	Phone (work) <b>PhoneWork</b>	Phone (other) <b>PhoneOther</b>
<b>Case Demography</b>		
Location TA* <b>TA</b>	DHB* <b>DHB</b>	
Date of birth* <b>DateOfBirth</b>	OR Age <b>Age</b>	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <b>AgeUnits</b>
Sex* <b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown	
Occupation* <b>Occupation</b>		
Occupation location <b>occupation_place_type</b>	<input type="checkbox"/> Place of Work <input type="checkbox"/> School <input type="checkbox"/> Pre-school	
Name <b>occupation_place_name</b>		
Address	Number <b>housenumb...</b> Street <b>streetname</b> Suburb <b>suburb</b>	Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
	Town/City <b>towncity</b>	
Alternative location <b>occupation_place_type</b>	<input type="checkbox"/> Place of Work <input type="checkbox"/> School <input type="checkbox"/> Pre-school	
Name <b>occupation_place_name</b>		
Address	Number <b>houseumber</b> Street <b>streetname</b> Suburb <b>suburb</b>	Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
	Town/City <b>towncity</b>	
<b>Ethnic group case belongs to*</b> (tick all that apply)		
<input type="checkbox"/> NZ European <b>EthNZEuropan</b>	<input type="checkbox"/> Maori <b>EthMaori</b>	<input type="checkbox"/> Samoan <b>EthSamoan</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>
<input type="checkbox"/> Niuean <b>EthNiuean</b>	<input type="checkbox"/> Chinese <b>EthChinese</b>	<input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b>
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)	*(specify) <b>EthOther</b> <b>EthSpecify1</b> <b>EthSpecify2</b>	

**Basis of Diagnosis****CLINICAL CRITERIA (refer to the current case definition)**Fits clinical description\* **FitClinDes**  Yes  No  UnknownPneumonia\* **Pneumonia**  Yes  No  UnknownRespiratory Distress Syndrome (ARDS)\* **ARDS**  Yes  No  UnknownVentilation required\* **VentReqd**  Yes  No  Unknown**LABORATORY CRITERIA (refer to the current case definition)**Meets laboratory criteria for disease\* **MeetsLabCriteria**  Yes  No  Unknown**STATUS\*** **Status**  Under investigation  Probable  Confirmed  Not a case**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  Unknown**Outbreak Details**Is this case part of an outbreak?  Yes **Outbrk** If yes, specify outbreak number **OutbrkNo****Risk Factors****Does the case have any of the following factors that place them at the risk of severe complications?\***Immunosuppression (inc. cancer, HIV/AIDS, immunosuppressive therapy) **Immunosuppression**  Y  N  U Chronic respiratory conditions (inc. asthma or COPD) **Respiratory**  Y  N  UCardiac disease **Cardiac**  Y  N  U Diabetes mellitus **Diabetes**  Y  N  UHaemoglobinopathies **Haemoglobinopathies**  Y  N  U Neurological **Neurological**  Y  N  URenal failure **RenalFailure**  Y  N  U Morbid obesity **MorbidObesity**  Y  N  UMetabolic diseases **Metabolic**  Y  N  U Pregnancy **Pregnancy**  Y  N  UIs the case a resident of an aged care facility?\* **AgedCare**  Yes  No  UnknownHas the case had regular contact with infants or young children?\* **ContactInfants**  Yes  No  UnknownIs the case a healthcare worker?\* **HealthCareWorker**  Yes  No  Unknown

If yes, specify

**HealthCareWorkerSpecify**

Other risk factors for disease\*

**RiskSpec****Protective Factors**Has the case had a seasonal influenza vaccination in the last 12 months?\* **SeasVacc**  Yes  No  UnknownDid the case receive anti-virals?\* **AntiVTmt**  Yes  No  Unknown**Comments****Comments**