

# CASE REPORT FORM

# Tuberculosis

Tuberculosis		EpiSurv No. <b>EpiSurvNumber</b>
<b>Disease Name</b> <b>DiseaseName</b>		
<input type="radio"/> Tuberculosis disease - new case <input type="radio"/> Tuberculosis disease - relapse/reactivation <input type="radio"/> Tuberculosis - treatment of latent infection <input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)		
<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="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <b>ReportSrc</b> <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> 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>houonenumber</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>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>houonenumber</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="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>
Sex* <b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown		
Occupation* <b>Occupation</b>		
Occupation location <b>occupation_place_type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
Name <b>occupation_place_name</b>		
Address Number <b>houonenumber</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="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
Name <b>occupation_place_name</b>		
Address Number <b>houonenumber</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>EthNZEuropean</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****LABORATORY CRITERIA**

- Meets laboratory criteria for disease\* **LabConf**  Yes  No  Unknown
- Demonstration of acid-fast bacilli in a clinical specimen **AcidFast**  Yes  No  Not Done  Awaiting Results  
If yes, specify site  Sputum  Other (specify) **AcidFSiteSpec** \_\_\_\_\_
- Isolation of *Mycobacterium tuberculosis*, or *M. bovis* from a clinical specimen **Isolation**  Yes  No  Not Done  Awaiting Results  
If yes, specify site  Sputum  Other (specify) **IsoSiteSpec** \_\_\_\_\_
- Demonstration of *M. tuberculosis* nucleic acid (PCR or LCR only) **PCR**  Yes  No  Not Done  Awaiting Results  
If yes, specify site  Sputum  Other (specify) **PCRSiteSpec** \_\_\_\_\_
- Histology strongly suggestive of tuberculosis **Histology**  Yes  No  Not Done  Awaiting Results

**MANTOUX STATUS**

- Mantoux tests done\* **ManTest**  Yes  No  Awaiting Results  Unknown
- Date\* \_\_\_\_\_ mm induration\* \_\_\_\_\_ mm Date\* \_\_\_\_\_ mm induration\* \_\_\_\_\_ mm  
**ManDate1** **Manmm1** **ManDate2** **Manmm2**
- Mantoux status\* (tick most appropriate - must use definitions in TB guidelines) **ManStatus**  
 Mantoux Negative  Mantoux Positive  Mantoux Converted  Mantoux Unknown

**OTHER CRITERIA**

- Treatment for presumptive TB\* **TmtPresumptive**  Yes  No  Unknown
- Interim treatment for presumptive LTBI in children < 5 years\* **TmtPresLTBI**  Yes  No  Unknown

- STATUS\***  Under investigation  Probable - presumptive  Confirmed  Not a case  
**status** (no laboratory confirmation) (laboratory confirmation)

**PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)**

- Date of first tuberculosis diagnosis\* **DateFirstTB** \_\_\_\_\_
- Name of doctor who made diagnosis\* **DrTBDig** \_\_\_\_\_
- Place where diagnosis made (town/city/country)\* **PlaceTBDig** \_\_\_\_\_
- Was diagnosis confirmed by laboratory testing?\* **TBDigLab**  Yes  No  Unknown
- Was the case treated?\* **CaseTreat**  Yes  No  Unknown  
If yes, duration of treatment\* **DurTreat** \_\_\_\_\_ months

**ADDITIONAL CLINICAL DETAILS****Site of disease (disease only)**

- Pulmonary\* **Pulmon**  Yes  No  
Radiology\* **Radiology**  Normal  Active TB  TB of Uncertain Activity  Not Done  Unknown
- Extrapulmonary\* **Extrapulm**  Yes  No  
If yes, specify site\* **ExtraSite** \_\_\_\_\_

**How was case/infection discovered?\* **HowDisc****

- Contact follow-up  Immigrant/refugee screening  
 Attended practitioner with symptoms  Other (specify\*) **HowDiscSpec** \_\_\_\_\_  
 Unknown

**Basis of Diagnosis (continued)****ADDITIONAL LABORATORY DETAILS (DISEASE ONLY)**

If organism was isolated, specify species\*  Mycobacterium tuberculosis  M. bovis  
**OrganIsol**

Other (\*specify) **OrganIsolSpec** \_\_\_\_\_

**Specify results of susceptibility testing\****Antibiotic\***Susceptible?\**

Isoniazid susceptible\* **SensIsoni**  Yes  No  Not Done  Awaiting Results  Unknown

Rifampicin susceptible\* **SensRifam**  Yes  No  Not Done  Awaiting Results  Unknown

Ethambutol susceptible\* **SensEtham**  Yes  No  Not Done  Awaiting Results  Unknown

Pyrazinamide susceptible\* **SensPyrax**  Yes  No  Not Done  Awaiting Results  Unknown

*Specify other Antibiotic\***Susceptible?\**

\_\_\_\_\_ **SensNam1**  Yes  No  Unknown **SensSen1**

\_\_\_\_\_ **SensNam2**  Yes  No  Unknown **SensSen2**

\_\_\_\_\_ **SensNam3**  Yes  No  Unknown **SensSen3**

\_\_\_\_\_ **SensNam4**  Yes  No  Unknown **SensSen4**

**Clinical Course and Outcome**

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

Asymptomatic **Asymptomatic**

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** \_\_\_\_\_

DNA Code No.\* **DNACode** \_\_\_\_\_

**Risk Factors**

\*Has HIV test been performed\* **HIVTest**  Yes  No  Unknown

Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)\* **ImmunoIll**  Yes  No  Unknown

Immunosuppressive medication\* **ImmunoMed**  Yes  No  Unknown

Contact with a confirmed case of tuberculosis\* **ContCase**  Yes  No  Unknown

If yes, specify nature of contact\* **ContSpec** \_\_\_\_\_

If yes, did contact occur within New Zealand\* **ContNZ**  Yes  No  Unknown

If yes, specify name of case\* **ContNZName** \_\_\_\_\_

**Risk Factors continued**

**Born outside New Zealand\*** **BornOutNZ**  Yes  No  Unknown

If yes, specify country of birth\* **BrtCountry** \_\_\_\_\_

If yes, date of arrival in NZ\* **ArrivDate** \_\_\_\_\_  Unknown **ArrivDateUnknown**

**Current or recent residence in a household with a person(s) born outside New Zealand\*** **CurrResid**  Yes  No  Unknown

If yes, specify country of birth\* **OthCountry** \_\_\_\_\_

**Exposure in health care setting\*** **ExpHlth**  Yes  No  Unknown

If yes, specify exposure\* **ExpHlthSpec** \_\_\_\_\_

**Current or recent residence in an institution (e.g. prison)\*** **Instute**  Yes  No  Unknown

If yes, specify details\* **InstuteSpec** \_\_\_\_\_

**Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation (M. bovis infection only)\*** **ExpCattle**  Yes  No  Unknown

\*If yes, specify exposure in detail **CattleSpec** \_\_\_\_\_

**Other risk factors for tuberculosis\***

(specify\*) **RiskOthSpecify** \_\_\_\_\_

**Protective Factors**

**At any time prior to onset, had the case been immunised with BCG vaccine?\*** **BCGVacc**  Yes  No  Unknown

If yes, specify date given\* **BCGDate** \_\_\_\_\_  Unknown **BCGDateUnknown**

If yes, how was this confirmed\* **BCGConf**  Scar  Patient/Caregiver recall  Documented  Unknown

**Management****CASE MANAGEMENT**

**Under specialist care\*** **SpecIstCare**  Yes  No  Unknown

Name of specialist\* **SpecIstName** \_\_\_\_\_

**Date treatment started\*** **StDateTmt** \_\_\_\_\_  Unknown **StDateTmtUnknown**

**Date treatment ended in NZ\*** **EndDateNZTmt** \_\_\_\_\_  Unknown **EndDateNZTmtUnknown**

**Reason treatment ended\***

- Tick all that apply\*
- Treatment completed to the satisfaction of the prescribing doctor **RTESatnDr**
  - Went overseas **RTEWentOS**
  - Died **RTEdied**
  - Refused to complete treatment **RTERefused**
  - Stopped treatment because of adverse effects **RTEAdverse**
  - Lost **RTELostFU**
  - Discontinuation of interim treatment for LTBI (child <5 years) **RTEDiscLTBI**
  - Reason unknown **RTEUnknown**

**Did case receive DOT throughout the course of treatment?\*** **DOTThrOut**  Yes  No  Unknown

**Management continued****CONTACT MANAGEMENT (disease only)**Did case have any contacts at risk of infection?\* **RiskInfect**  Yes  No  Unknown*If yes, type of contact:* *Number Identified*Close contacts\* **CloseCont** \_\_\_\_\_Casual contacts\* **CasualCont** \_\_\_\_\_**Comments\*****Comments**