CASE REPORT FORM

Coronavirus Disease

EpiSurv No.

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source **Organisation**

Date reported* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb Town/City Post Code ☐ GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb Town/City Post Code ☐ GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb Town/City Post Code ☐ GeoCode

Ethnic group case belongs to* (tick all that apply)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

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Additional Case Information

Usual country of residence if not New Zealand ____

How was case/infection discovered?

- ○ Contact of a case (including at a location of interest)
- ○ Ill seeking healthcare due to suspicion of COVID-19
- ○ Detected at point of entry
- ○ Repatriation
- ○ Routine respiratory disease surveillance (e.g. community or hospital-based syndromic surveillance)
- ○ Intermittent survey (e.g. supermarket-based sampling)
- ○ Routine testing of border staff
- ○ Routine testing of managed isolation/quarantine facility staff
- ○ Other (specify) ____
- ○ Unknown

If case was in managed isolation/quarantine, what day of quarantine was the positive sample collected? (e.g. day 3, day 12) ____

Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* ○ Yes ○ No ○ Unknown

At the time of diagnosis, was the case asymptomatic?* ○ Yes ○ No ○ Unknown

If the case did not have symptoms when diagnosed, did they later develop any symptoms?* ○ Yes ○ No ○ Unknown

If yes, onset date for when the case later developed symptoms* dd/mm/yyyy

List all symptoms (tick all that apply)*

☐ History of fever/chills	☐ Runny nose	☐ Headache	☐ Muscular pain
☐ General weakness	☐ Shortness of breath	☐ Irritability/confusion	☐ Chest pain
☐ Cough	☐ Diarrhoea	☐ Loss of sense of smell	☐ Abdominal pain
☐ Sore throat	☐ Nausea/vomiting	☐ Altered taste	☐ Joint pain

☐ Other symptoms, specify* ____

Clinical signs (tick all that apply)

☐ Abnormal lung x-ray findings

☐ Other signs, specify ____

LABORATORY CRITERIA

Laboratory confirmation of disease ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, date of laboratory confirmation dd/mm/yyyy

If yes, specify laboratory confirmation method (tick all that apply)

Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, first Ct value or strength of PCR (eg weak or strong) ____ Date dd/mm/yyyy

Second Ct value or strength of PCR ____ Date dd/mm/yyyy

Third Ct value or strength of PCR ____ Date dd/mm/yyyy

Rapid antigen test ○ Yes ○ No ○ Not Done ○ Awaiting Results Date dd/mm/yyyy

Second rapid antigen test ○ Yes ○ No ○ Not Done ○ Awaiting Results Date dd/mm/yyyy

Other positive test (specify) ____

EPIDEMIOLOGICAL CRITERIA

Did the case have close contact with a laboratory-confirmed case?* ○ Yes ○ No ○ Unknown

If contact was in New Zealand, EpiSurv number of laboratory-confirmed case* ____

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Basis of Diagnosis continued

CLASSIFICATION* ○ Under investigation ○ Suspect ○ Probable ○ Confirmed ○ Not a case

HISTORICAL CASE

Is this a historical case as per Ministry of Health guidance/protocol?* ○ Yes ○ No ○ Unknown

Has the case previously had a positive COVID-19 test overseas?* ○ Yes ○ No ○ Unknown

Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* dd/mm/yyyy ☐ Unknown

Hospital*

Died* ○ Yes ○ No ○ Unknown

Date died* dd/mm/yyyy ☐ Unknown

Was this disease the primary cause of death?* ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death*

Additional Outcome Details

This section is to be completed as soon as outcome is known or 30 days after notification

Health status* ○ Recovered ○ Not recovered ○ Death ○ Lost to follow up ○ Unknown ○ Other (specify)

Was the case in ICU?* ○ Yes ○ No ○ Unknown

Ventilation required* ○ Yes ○ No ○ Unknown

Extracorporeal membrane oxygenation required (ECMO)* ○ Yes ○ No ○ Unknown

If case was hospitalised, date discharged from hospital* dd/mm/yyyy

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 **If yes, specify Outbreak No.***

Name of sub-cluster that the case is part of (as agreed with the Ministry of Health)*

Risk Factors

Is the case a health care worker (any job in a health care setting)? ○ Yes ○ No ○ Unknown

Was the case overseas in the 10 days prior to onset (or prior to reporting if asymptomatic)? ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand dd/mm/yyyy

For historical cases only, if the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection? ○ Yes ○ No ○ Unknown

Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases

Sequence	Country	City/Region	Date Entered	Date Departed
Last:*			dd/mm/yyyy	dd/mm/yyyy
Second Last:*			dd/mm/yyyy	dd/mm/yyyy
Third Last:*			dd/mm/yyyy	dd/mm/yyyy

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Risk Factors continued

Did the case have contact with any health care services in the 10 days prior to onset (or prior to reporting if asymptomatic)? ○ Yes ○ No ○ Unknown

Did the case have contact with a probable or confirmed case in the 10 days prior to onset (or prior to reporting if asymptomatic)? ○ Yes ○ No ○ Unknown

If yes, contact setting (tick all that apply)*

☐ Health care setting ☐ Family setting ☐ Work place ☐ Unknown ☐ Other, specify

Underlying conditions (tick all that apply)*

☐ Pregnancy If yes, trimester
☐ Post-partum (< 6 weeks)
☐ Cardiovascular disease, including hypertension
☐ Immunodeficiency, including HIV
☐ Diabetes
☐ Renal failure
☐ Liver disease
☐ Chronic lung disease
☐ Chronic neurological or neuromuscular disease
☐ Malignancy
☐ Other underlying condition, specify*

Other risk factors for disease*

Protective factors

Prior to onset (or prior to reporting if asymptomatic), had the case been immunised with appropriate vaccine? ○ Yes ○ No ○ NA ○ Unknown

If yes specify vaccine details

How many doses did the case receive prior to onset?

	Date given	Date unknown	Name of vaccine	Batch number
First dose	dd/mm/yyyy	☐		
Second dose	dd/mm/yyyy	☐		
Booster (3rd) dose	dd/mm/yyyy	☐		

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

Where was the case vaccinated? ○ New Zealand ○ Other country (specify)

Management

CASE MANAGEMENT

Isolation (as a case)*

○ No isolation ○ Home ○ MIQ facility, specify MIQ room no.

○ Other, specify

If isolated, date isolated from* dd/mm/yyyy Date isolated to dd/mm/yyyy

If isolated at a facility, reason for isolation ○ Travel-related case ○ Community-transmission case

Was the case in self-isolation/quarantine at the time of onset (or diagnosis if asymptomatic)?* ○ Yes ○ No ○ Unknown

Where was the case told to self-isolate/quarantine?* ☐ Community ☐ MIQ facility

Reason for self- isolation /quarantine* ○ Close contact of a case ○ Travel related ○ Alert level criteria ○ Other, specify

Date self-isolation/quarantine started* dd/mm/yyyy

Name of the facility where the case was in self isolation/quarantine or location (e.g. home) if in the community* Facility room no.

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Management continued

CASE MANAGEMENT (continued)

How many people was the case in self isolation/quarantine with?* ____________

Have any other people the case was in self isolation/quarantine with been diagnosed as cases?* ○ Yes ○ No ○ Unknown

If yes, list the EpiSurv numbers of the other cases*

Case 1: ____________ Case 2: ____________ Case 3: ____________ Case 4: ____________

Comments*