CASE REPORT FORM

Coronavirus Disease

COVID-19 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* _____ **Laboratory sample date** _____ **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* _____ **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) _____ _____

COVID-19 EpiSurv No. _____

Additional Case Information

Case's usual place of residence if different from current address (on first page)*

Country _____

DHB (or Province/State if overseas) _____ TA (or District if overseas) _____

Case detected at point of entry into New Zealand* ○ Yes ○ No ○ Unknown

Basis of Diagnosis

CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

Fits clinical description* ○ Yes ○ No ○ Unknown

Was the case asymptomatic?* ○ Yes ○ No ○ Unknown

If no, 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
- ☐ Abdominal pain
- ☐ Sore throat
- ☐ Nausea/vomiting
- ☐ Joint pain
- ☐ Other symptoms, specify* _____

Temperature (℃) on admission or at interview* _____

Clinical signs (tick all that apply)*

- ☐ Pharyngeal exudate
- ☐ Seizure
- ☐ Dypsnea / tachypnea
- ☐ Abnormal lung x-ray findings
- ☐ Conjunctival injection
- ☐ Coma
- ☐ Abnormal lung auscultation
- ☐ Other signs, specify* _____

LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)

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

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

Isolation (culture) of SARS-CoV-2 from clinical specimen	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR)	○ Yes	○ No	○ Not Done	○ Awaiting Results
If yes, has this been confirmed by NAAT on a second specific genomic target?	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of coronavirus from clinical specimen using pan-coronavirus NAAT (PCR)	○ Yes	○ No	○ Not Done	○ Awaiting Results
If yes, has this been confirmed by sequencing?	○ Yes	○ No	○ Not Done	○ Awaiting Results
Positive IgM antibody	○ Yes	○ No	○ Not Done	○ Awaiting Results
Significant rise in IgG antibody level between paired sera	○ Yes	○ No	○ Not Done	○ Awaiting Results
Other positive test (specify)*				
If no, have other respiratory pathogens been excluded?	○ Yes	○ No	○ Not Done	○ Awaiting Results

EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

In the 14 days prior to onset (or prior to reporting if asymptomatic) 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* _____

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

COVID-19 EpiSurv No. _____

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* _____ ☐ Unknown

Hospital* _____

Died* ○ Yes ○ No ○ Unknown

Date died* _____ ☐ Unknown

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

If no, specify the primary cause of death*

_____

Additional Clinical Course and Outcome Details

Health status* ○ Recovered ○ Not recovered ○ Death ○ Unknown

Ventilation required* ○ Yes ○ No ○ Unknown

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.*** _____

Risk Factors

Occupation (tick all that apply)* Please answer in addition to the usual question on the first page

☐ Student ☐ Working with animals ☐ Heath care worker ☐ Health laboratory worker

Was the case overseas in the 14 days prior to onset (or prior to reporting if asymptomatic)?* ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* _____

Specify countries and cities visited (from most recent to least recent)*

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

In the 14 days prior to onset (or prior to reporting if asymptomatic):*

Did the case visit any health care facility(ies)?* ○ Yes ○ No ○ Unknown

Did the case have close contact with a person with acute respiratory infection?* ○ Yes ○ No ○ Unknown

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

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

Did the case have contact with a probable or confirmed case?* ○ Yes ○ No ○ Unknown

If yes, please provide the EpiSurv Number(s)* Case 1: _____ Case 2: _____ Case 3: _____

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

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

If yes, location/city/country of exposure* _____

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Risk Factors continued

Did the case visit any live animal markets in the 14 days prior to onset (or prior to reporting if asymptomatic)?* ○ Yes ○ No ○ Unknown

If yes, location/city/country of exposure* _____

Underlying conditions (tick all that apply)*

- ☐ Pregnancy If yes, trimester _____
- ☐ Post-partum (< 6 weeks)
- ☐ Cardiovascular disease
- ☐ 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 date of last vaccination* _____

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

Management

CASE MANAGEMENT

Isolation* ○ No isolation ○ Home ○ Facility, specify _____

If isolated, date isolated from _____ date isolated to _____

CONTACT MANAGEMENT

Number of contacts identified (if applicable)* _____

Number of contacts followed up (if applicable)* _____

Flight details if case infectious while on board an international flight*

	Last flight	2nd to last flight	3rd to last flight	4th to last flight
Flight number(s)				
Date of departure				

Comments*