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) _____ _____

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Additional Case Information

Usual country of residence if not New Zealand* _____

How was case/infection discovered?*

○ Contact of a case ○ 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)

○ Other (specify) _____ ○ Unknown

Was the case tested at a CBAC/COVID-19 testing centre?* ○ Yes ○ No ○ Unknown

If yes, what was the source of referral?* ○ Self ○ GP ○ Healthline ○ Other

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 ☐ Loss of sense of smell ☐ 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 ☐ Dyspnea / 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, date of laboratory confirmation _____

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

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Basis of Diagnosis continued

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

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

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

Time of onset* _____ ☐ 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 Outcome Details

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

If case was asymptomatic at the time of notification, did they develop any symptoms or signs at any time prior to discharge or death?* ○ Yes ○ No ○ Unknown

If yes, date of onset of symptoms/signs of illness _____

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

If discharged from hospital or released from isolation, date and result of last laboratory test*

Date: _____ Result: ○ Positive ○ Negative ○ Inconclusive ○ 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.*** _____

Name of institution if case is part of an institutional sub -cluster 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

If yes, country: _____ City: _____ Name of facility: _____

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Risk Factors continued

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:*				

Passports held Country 1: _____ Country 2: _____ Country 3: _____

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 details*	EpiSurv Number	First date of contact	Last date of contact	Contact ongoing	Contact dates unknown
Case 1:				☐	☐
Case 2:				☐	☐
Case 3:				☐	☐
Case 4:				☐	☐
Case 5:				☐	☐

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

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

If yes, location/city of exposure* _____

Country of exposure if not New Zealand* _____

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, 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* _____

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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 (as a case)* ◯ No isolation ◯ Home ◯ Facility, specify _____

If isolated, date isolated from _____ Date isolated to _____

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

If yes, give the reason for self- isolation /quarantine

◯ Close contact of a case ◯ Travel related ◯ Alert level criteria ◯ Other, specify _____

Date self-isolation/quarantine started _____

CONTACT MANAGEMENT

Date and time case was first contacted for the contact tracing interview* _____

Number of close contacts identified (if applicable)* _____

Number of close contacts followed up (if applicable)* _____

Provide details of all flights taken in the 14 days prior to onset (or prior to reporting if asymptomatic)*

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

Comments*