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* 17/06/2021 **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
- 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)*

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

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
- Joint pain
- Other symptoms, specify*

Temperature (°C) 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

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)*

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, 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

If yes, has this been confirmed by NAAT on a second specific genomic target? Yes / No / Not Done / Awaiting Results

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Basis of Diagnosis continued

LABORATORY CRITERIA (continued)

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

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

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

If yes, date of positive test dd/mm/yyyy

If yes, specify country

If yes, reason for previous test

If yes, how was the test confirmed Patient/Caregiver recall Documented NA Unknown

Was this historical case confirmed by serological testing?
If yes, please provide details in the laboratory criteria section above Yes No Unknown

Clinical Course and Outcome

Date of onset* dd/mm/yyyy Approximate Unknown

Time of onset* 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 Unknown
Other (specify)

Was the case in ICU?* Yes No Unknown

Ventilation required* Yes No Unknown

Extracorporeal membrane oxygenation required (ECMO)* Yes No Unknown

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Additional Outcome Details continued

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

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

Date: dd/mm/yyyy 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 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

If yes, country: City: Name of facility:

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* dd/mm/yyyy

For historical cases only, if the case has <u>not</u> 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

Passports held Country 1: Country 2: Country 3:

Did the case visit any health care facility(ies) in the 14 days prior to onset (or prior to reporting if asymptomatic)?* ○ Yes ○ No ○ Unknown

Did the case have close contact with a person with acute respiratory infection in the 14 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

Did the case have contact with a probable or confirmed case in the 14 days prior to onset (or prior to reporting if asymptomatic)?* ○ 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:		dd/mm/yyyy	dd/mm/yyyy	☐	☐
Case 2:		dd/mm/yyyy	dd/mm/yyyy	☐	☐
Case 3:		dd/mm/yyyy	dd/mm/yyyy	☐	☐
Case 4:		dd/mm/yyyy	dd/mm/yyyy	☐	☐
Case 5:		dd/mm/yyyy	dd/mm/yyyy	☐	☐

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*

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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, 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	☐		

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

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* dd/mm/yyyy

If in self-isolation/quarantine in a managed facility, name and location of the facility* Facility room no.

How many people was the case in self isolation/quarantine with, i.e. in the same "bubble"?*

Have any other "bubble" members been diagnosed as cases?* ○ Yes ○ No ○ Unknown

If yes, list the EpiSurv numbers of the other cases in the "bubble"*

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

Management continued

CONTACT MANAGEMENT

Date and time case was first contacted for the contact tracing interview* dd/mm/yyyy

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	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
Seat number				

Comments*