**CASE REPORT FORM**

**Coronavirus Disease**

**COVID-19**

**EpiSurv No.**

### Reporting Authority
Name of Public Health Officer responsible for case

### Notifier Identification

<table>
<thead>
<tr>
<th>Reporting source*</th>
<th>General Practitioner</th>
<th>Hospital-based Practitioner</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-notification</td>
<td>Outbreak Investigation</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of reporting source</th>
<th>Organisation</th>
</tr>
</thead>
</table>

**Date reported** 23/09/2020

**Laboratory sample date**

**Contact phone**

### Usual GP

<table>
<thead>
<tr>
<th>Practice Number</th>
<th>Street</th>
<th>Suburb</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Town/City</th>
<th>Post Code</th>
<th>GeoCode</th>
</tr>
</thead>
</table>

### GP/Practice address

<table>
<thead>
<tr>
<th>GP/Practice address Number</th>
<th>Street</th>
<th>Suburb</th>
</tr>
</thead>
</table>

### Phone (home)

<table>
<thead>
<tr>
<th>Phone (work)</th>
<th>Phone (other)</th>
</tr>
</thead>
</table>

### Case Identification

<table>
<thead>
<tr>
<th>Name of case*</th>
<th>Surname</th>
<th>Given Name(s)</th>
</tr>
</thead>
</table>

**NHI number**

**Email**

### Current address*

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Suburb</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Town/City</th>
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<th>GeoCode</th>
</tr>
</thead>
</table>

### Phone (home)

### Case Demography

<table>
<thead>
<tr>
<th>Location</th>
<th>TA*</th>
<th>DHB*</th>
</tr>
</thead>
</table>

**Date of birth**

**OR**

**Age**

<table>
<thead>
<tr>
<th>Days</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
</table>

**Sex**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Indeterminate</th>
<th>Unknown</th>
</tr>
</thead>
</table>

**Occupation**

**Occupation location**

<table>
<thead>
<tr>
<th>Place of Work</th>
<th>School</th>
<th>Pre-school</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Town/City</th>
<th>Post Code</th>
<th>GeoCode</th>
</tr>
</thead>
</table>

**Alternative location**

<table>
<thead>
<tr>
<th>Place of Work</th>
<th>School</th>
<th>Pre-school</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

**Address**

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</thead>
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<th>GeoCode</th>
</tr>
</thead>
</table>

**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)*
### 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
- Repatriation
- Routine respiratory disease surveillance (e.g. community or hospital-based syndromic surveillance)
- Routine testing of border staff
- Routine testing of managed isolation/quarantine facility staff
- Other (specify)

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

#### Fits clinical description*

- Yes
- No
- Unknown

#### At the time of diagnosis, was the case asymptomatic?*

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
- Diamhrea
- 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 (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*

(dd/mm/yyyy)

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

- Isolation (culture) of SARS-CoV-2 from clinical specimen
- Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR)

If yes, Ct value or strength of PCR (eg weak or strong)

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)

If yes, has this been confirmed by sequencing?

- Yes
- No
- Not Done
- Awaiting Results

Positive IgM antibody
### Basis of Diagnosis continued

**LABORATORY CRITERIA (continued)**
- 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

**EPIEMIOLOGICAL 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

<table>
<thead>
<tr>
<th><strong>Date of onset</strong>*</th>
<th>dd/mm/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximate</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Time of onset</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospitalised</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date hospitalised</strong>*</th>
<th>dd/mm/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospital</strong>*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Died</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date died</strong>*</th>
<th>dd/mm/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th><strong>Health status</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovered  Not recovered  Death  Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Was the case in ICU</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ventilation required</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Extracorporeal membrane oxygenation required (ECMO)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes  No  Unknown</td>
</tr>
</tbody>
</table>

**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)**
## COVID-19

### 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:

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

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Country</th>
<th>City/Region</th>
<th>Date Entered</th>
<th>Date Departed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last:*</td>
<td></td>
<td></td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>Second Last:*</td>
<td></td>
<td></td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>Third Last:*</td>
<td></td>
<td></td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Episurv Number</th>
<th>First date of contact</th>
<th>Last date of contact</th>
<th>Contact ongoing</th>
<th>Contact dates unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1:</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 2:</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 3:</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 4:</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 5:</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- Cardiovascular disease, including hypertension
- Diabetes
- Liver disease
- Chronic neurological or neuromuscular disease
- Other underlying condition, specify

- Post-partum (< 6 weeks)
- Immunodeficiency, including HIV
- Renal failure
- Chronic lung disease
- Malignancy

**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 (as a case)**
- No isolation
- Home
- Facility, specify [ ]
- Other, specify [ ]

If isolated, date isolated from*:

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*:

If in self-isolation/quarantine in a managed facility, name and location of the facility*:

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:

### 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)*:

<table>
<thead>
<tr>
<th>Flight number(s)</th>
<th>Last flight</th>
<th>2nd to last flight</th>
<th>3rd to last flight</th>
<th>4th to last flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of departure</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>Seat number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments*

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* core surveillance data, ~ optional data