

# CASE REPORT FORM

# Enteric Disease

<b>Enteric Disease</b>		EpiSurv No. _____	
<b>Disease Name</b>			
<input type="radio"/> Gastroenteritis - unknown cause <input type="radio"/> Gastroenteritis/foodborne intoxication - specify _____ <input type="radio"/> Campylobacteriosis <input type="radio"/> Cholera <input type="radio"/> Cryptosporidiosis <input type="radio"/> Giardiasis <input type="radio"/> Paratyphoid fever <input type="radio"/> Salmonellosis <input type="radio"/> Shigellosis <input type="radio"/> Typhoid fever <input type="radio"/> Yersiniosis			
<b>Reporting Authority</b>			
Name of Public Health Officer responsible for case _____			
<b>Notifier Identification</b>			
<b>Reporting source*</b> <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other			
Name of reporting source _____		Organisation _____	
Date reported* _____		Contact phone _____	
Usual GP _____		Practice _____	
GP/Practice address		GP phone _____	
Number _____	Street _____	Suburb _____	
Town/City _____		Post Code _____	<input type="checkbox"/> GeoCode _____
<b>Case Identification</b>			
Name of case* Surname _____		Given Name(s) _____	
NHI number* _____		Email _____	
Current address* Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____ <input type="checkbox"/> GeoCode _____	
Phone (home) _____		Phone (work) _____	Phone (other) _____
<b>Case Demography</b>			
Location TA* _____		DHB* _____	
Date of birth* _____		OR Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* _____			
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____ <input type="checkbox"/> GeoCode _____	
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____			
Town/City _____		Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Ethnic group case belongs to*</b> (tick all that apply)			
<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) _____			

**Basis of Diagnosis****CLINICAL CRITERIA****Fits clinical description\*** Yes  No  Unknown**LABORATORY CRITERIA (refer to case definition)****Meets laboratory criteria\*** Yes  No  Unknown**Isolation (culture) of organism\*** Yes  No  Not Done  Awaiting ResultsSpecify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Detection of organism nucleic acid (eg PCR)\*** Yes  No  Not Done  Awaiting ResultsSpecify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Detection of organism antigen\*** Yes  No  Not Done  Awaiting ResultsSpecify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Demonstration by microscopy of oocysts/cysts/  
trophozoites\*** Yes  No  Not Done  Awaiting ResultsSpecify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Detection of toxin\*** Yes  No  Not Done  Awaiting ResultsSpecify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Other positive test (e.g. serology), specify test and result\***Specify site\*  Faeces  Blood  Other site (\*specify) \_\_\_\_\_**Organism / toxin isolated or detected from linked food or  
water\*** Yes  No  Not Done  Awaiting Results**EPIDEMIOLOGICAL CRITERIA****Contact with a confirmed case of the same disease\***

(If yes also record details in risk factors section)

 Yes  No  Unknown**Part of an identified common source outbreak\***

(If yes also record details in outbreak section and risk factors section)

 Yes  No  Unknown**CLASSIFICATION\*** Under Investigation  Probable  Confirmed  Not a case**ADDITIONAL LABORATORY DETAILS****Organism species /serotype / phage toxin  
etc\***

ESR Updated

Laboratory

Date result updated

Sample Number

**Was whole genome sequencing / genotyping done?** Yes  No  Unknown

If yes, laboratory where done \_\_\_\_\_

Date \_\_\_\_\_

**ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES****Were there any food, water or environmental samples associated with this case?** Yes  No  Unknown

If yes, specify type(s) and results

Sample Type      Sample Number      Result

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Enteric Disease**

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**

\_\_\_\_\_

**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****FOOD PREMISES**

**Did the case consume food from a food premise during the incubation period?~**  Yes  No  Unknown

If yes, specify

**1. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**2. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**3. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**RAW MILK**

**Did the case consume raw (unpasteurised) milk or products made from raw milk during the incubation period?~**  Yes  No  Unknown

If yes, specify type of product(s) e.g. milk, brand(s) where obtained  
yoghurt, cheese

Product 1: \_\_\_\_\_

Product 2: \_\_\_\_\_

Product 3: \_\_\_\_\_

**Risk Factors continued****DRINKING WATER**

**Current address\*** water supply code \_\_\_\_\_ or specify \_\_\_\_\_

**Work/school/pre-school\*** water supply code \_\_\_\_\_ or specify \_\_\_\_\_

**Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~**  Yes  No  Unknown

If yes, specify address\* \_\_\_\_\_ Water supply code \_\_\_\_\_

\_\_\_\_\_ Water supply code \_\_\_\_\_

**Did the case consume untreated surface water, bore water or rain water during the incubation period?~**  Yes  No  Unknown

If yes, specify water source:~ \_\_\_\_\_

**RECREATIONAL WATER CONTACT**

**Did the case have recreational contact with water during the incubation period?~**  Yes  No  Unknown

If yes, nature of contact

**Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool)**

**1. Name of pool** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**2. Name of pool** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**3. Name of pool** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**Swimming in streams, rivers, sea etc**

**1. Name of stream/river/beach** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**2. Name of stream/river/beach** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**3. Name of stream/river/beach** \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Comments \_\_\_\_\_ Date of exposure \_\_\_\_\_

**Risk Factors continued****RECREATIONAL WATER CONTACT**

**Other recreational contact with water** \_\_\_\_\_ Date of exposure \_\_\_\_\_  
 Location of other recreational contact with water \_\_\_\_\_

**HUMAN CONTACT**

**Attendance at school, preschool or childcare~**  Yes  No  Unknown

**Did the case have contact with other symptomatic people during the incubation period?~**  Yes  No  Unknown

If yes, specify type of contact \_\_\_\_\_

If yes, give names of people \_\_\_\_\_

**Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~**  Yes  No  Unknown

If yes, specify what they had contact with \_\_\_\_\_

**ANIMAL CONTACT**

**Did the case have contact with farm animals during the incubation period?~**  Yes  No  Unknown

If yes, specify type of animal \_\_\_\_\_

**Did the case have contact with sick animals during the incubation period?~**  Yes  No  Unknown

If yes, specify type of animal and illness \_\_\_\_\_

**OVERSEAS TRAVEL**

**Was the case overseas during the incubation period for this disease\***  Yes  No  Unknown

**If yes, date arrived in New Zealand\*** \_\_\_\_\_

**Specify countries visited\*** Country \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Departed \_\_\_\_\_

Last (most recent):\* \_\_\_\_\_

Second last:\* \_\_\_\_\_

Third last:\* \_\_\_\_\_

**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

If yes, specify\* \_\_\_\_\_

**OTHER**

**For shigellosis in males aged  $\geq 15$  years, did the case have sexual contact with another male/other males during the incubation period?**  Yes  No  Unknown

**Other risk factor for disease (specify)~** \_\_\_\_\_

**Source****Was a source confirmed by\***

a) Epidemiological evidence\*  Yes  No  Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case

b) Laboratory evidence\*  Yes  No  Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

**Source continued****Specify confirmed source(s)\***

From consumption of contaminated food or drink, specify food or drink  
\_\_\_\_\_

From consumption of contaminated drinking water, specify supply \_\_\_\_\_

From contact with infected animal, specify type of animal \_\_\_\_\_

Person to person contact with another case, specify relationship to case \_\_\_\_\_

From other confirmed source, specify source \_\_\_\_\_

**If not confirmed, were any probable sources identified?\***

Yes     No     Unknown

## Specify probable source(s)\*

From consumption of contaminated food or drink, specify food or drink  
\_\_\_\_\_

From consumption of contaminated drinking water, specify supply \_\_\_\_\_

From contact with infected animal, specify type of animal \_\_\_\_\_

Person to person contact with another case, specify relationship to case \_\_\_\_\_

From other probable source, specify source \_\_\_\_\_

**Management****CASE MANAGEMENT**

**Case excluded from work or school/preschool/childcare until well?**     Yes     No     NA     Unknown

**Does the case fit any of the following high risk categories?**

Early childhood centre work     Yes     No     Unknown

Food handler     Yes     No     Unknown

Water supply worker     Yes     No     Unknown

Intellectually/physically impaired     Yes     No     Unknown

Healthcare/rest-home worker     Yes     No     Unknown

If yes, to any of the above, was the case excluded from work until microbiological clearance achieved?     Yes     No     NA     Unknown

**CONTACT MANAGEMENT**

**Number of contacts identified** \_\_\_\_\_

**Number of contacts followed up according to national or local protocols** \_\_\_\_\_

**Comments\***

**Enteric Disease**

EpiSurv No. \_\_\_\_\_

**Food Premises****4. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**5. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**6. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**7. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated

**8. Name of premise** \_\_\_\_\_

**Address** Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
 Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

**Foods eaten** \_\_\_\_\_ **Date consumed** \_\_\_\_\_

**Comments** \_\_\_\_\_ **Status**  Suspected  Confirmed  Exonerated