

# CASE REPORT FORM

# Coronavirus Disease

COVID-19

EpiSurv No. EpiSurvNumber

## Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_

## Notifier Identification

**Reporting source\*** **ReportSrc**  General Practitioner  Hospital-based Practitioner  Laboratory  
 Self-notification  Outbreak Investigation  Other

Name of reporting source **ReportName** \_\_\_\_\_ Organisation **ReportOrganisation** \_\_\_\_\_Date reported\* **ReportDate** \_\_\_\_\_ Laboratory sample date **SampleDate** \_\_\_\_\_ Contact phone **ReportPhone** \_\_\_\_\_Usual GP **UsualGP** \_\_\_\_\_ Practice **GPPpracticeName** \_\_\_\_\_ GP phone **GPPhone** \_\_\_\_\_GP/Practice address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**GPAAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

## Case Identification

Name of case\* Surname **Surname** \_\_\_\_\_ Given Name(s) **GivenName** \_\_\_\_\_NHI number\* **NHINumber** \_\_\_\_\_ Email **Email** \_\_\_\_\_Current address\* Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**CaseAddress** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_Phone (home) **PhoneHome** \_\_\_\_\_ Phone (work) **PhoneWork** \_\_\_\_\_ Phone (other) **PhoneOther** \_\_\_\_\_

## Case Demography

Location **TA\* TA** \_\_\_\_\_ **DHB\* DHB** \_\_\_\_\_Date of birth\* **DateOfBirth** \_\_\_\_\_ OR Age **Age** \_\_\_\_\_  Days  Months  Years **AgeUnits**Sex\* **Sex**  Male  Female  Indeterminate  UnknownOccupation\* **Occupation** \_\_\_\_\_Occupation location **PlaceOfWork1Type**  Place of Work  School  Pre-schoolName **PlaceOfWork1** \_\_\_\_\_Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork1Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_Alternative location **PlaceOfWork2Type**  Place of Work  School  Pre-school

Name \_\_\_\_\_

Address Number \_\_\_\_\_ Street \_\_\_\_\_ Suburb \_\_\_\_\_  
**PlaceOfWork2Address** Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

Ethnic group case belongs to\* (tick all that apply)

- NZ European **EthNZEuroean**  Maori **EthMaori**  Samoan **EthSamoan**  Cook Island Maori **EthCookIslandMaori**  
 Niuean **EthNiuean**  Chinese **EthChinese**  Indian **EthIndian**  Tongan **EthTongan**  
 Other (such as Dutch, Japanese) **EthOther** \*(specify) **EthSpecify1** \_\_\_\_\_ **EthSpecify2** \_\_\_\_\_

**Additional Case Information****Case's usual place of residence if different from current address (on first page)\***Country ResidCountryDHB (or Province/State if overseas) ResidProvince TA (or District if overseas) ResidCityCase detected at point of entry into New Zealand\* DetectEntry  Yes  No  Unknown**Basis of Diagnosis****CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)**Fits clinical description\* FitClinDes  Yes  No  UnknownWas the case asymptomatic?\* Asymptomatic  Yes  No  Unknown

If no, list all symptoms (tick all that apply)\*

- History of fever/chills Fever  Runny nose Coryza  Headache Headache  Muscular pain PainMusc
- General weakness Weakness  Shortness of breath ShBreath  Irritability/confusion IritConfus  Chest pain PainChest
- Cough Cough  Diarrhoea Diarrhoea  Abdominal pain PainAbdom
- Sore throat SoreThroat  Nausea/vomiting NausVom  Joint pain PainJoint
- Other symptoms, specify\* OthSymptoms OthSymSpec

Temperature (°C) on admission or at interview\* Temp**Clinical signs (tick all that apply)\***

- Pharyngeal exudate Pharyng  Seizure Seizure  Dyspnea/tachypnea Dyspnea  Abnormal lung x-ray findings LungXray
- Conjunctival injection Conjunct  Coma Coma  Abnormal lung auscultation LungAusc
- Other signs, specify\* OthSign OthSignSpec

**LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)**Laboratory confirmation of disease\* LabConf  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 IsolOrg  Yes  No  Not Done  Awaiting ResultsDetection of SARS-CoV-2 from clinical specimen by NAAT (PCR) NAAT  Yes  No  Not Done  Awaiting ResultsIf yes, has this been confirmed by NAAT on a second specific genomic target? NAATConf  Yes  No  Not Done  Awaiting ResultsDetection of coronavirus from clinical specimen using pan-coronavirus NAAT (PCR) PanCoVNAAT  Yes  No  Not Done  Awaiting ResultsIf yes, has this been confirmed by sequencing? CoVSequ  Yes  No  Not Done  Awaiting ResultsPositive IgM antibody PosIgM  Yes  No  Not Done  Awaiting ResultsSignificant rise in IgG antibody level between paired sera SigAntibody  Yes  No  Not Done  Awaiting ResultsOther positive test (specify)\* OthPosTestIf no, have other respiratory pathogens been excluded? OthExcluded  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?\* EpiCont  Yes  No  UnknownIf contact was in New Zealand, EpiSurv number of laboratory-confirmed case\* EpiContID**CLASSIFICATION\*** Status  Under investigation  Suspect  Probable  Confirmed  Not a case

**Clinical Course and Outcome**

**Date of onset\*** OnsetDt  Approximate OnsetDtApprox  Unknown OnsetDtUnknown

**Hospitalised\*** Hosp  Yes  No  Unknown

**Date hospitalised\*** HospDt  Unknown HospDtUnknown

**Hospital\*** Hospital

**Died\*** Died  Yes  No  Unknown

**Date died\*** DiedDt  Unknown DiedDtUnknown

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

**If no, specify the primary cause of death\*** DiedOther

**Additional Clinical Course and Outcome Details**

**Health status\*** HlthStat  Recovered  Not recovered  Death  Unknown

**Ventilation required\*** VentReqd  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 Outbrk **If yes, specify Outbreak No.\*** OutbrkNo

**Risk Factors**

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

Student Student  Working with animals AnimalWorker  Health care worker HealthWorker  Health laboratory worker LabWorker

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

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

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

Sequence	Country	City/Region	Date Entered	Date Departed
Last:*	<u>LastCountry</u>	<u>LastCity</u>	<u>LastDtEntered</u>	<u>LastDtDeparted</u>
Second Last:*	<u>SecCountry</u>	<u>SecCity</u>	<u>SecDtEntered</u>	<u>SecDtDeparted</u>
Third Last:*	<u>ThirdCountry</u>	<u>ThirdCity</u>	<u>ThirdDtEntered</u>	<u>ThirdDtDeparted</u>

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

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

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

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

Health care setting ARIHlthCare  Family setting ARIFamily  Work place ARIWorkPI  Unknown ARISetUnk  Other, specify OthARISet OthARISpec

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

If yes, please provide the EpiSurv Number(s)\* Case 1: ContID1 Case 2: ContID2 Case 3: ContID3

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

Health care setting ContHlthCare  Family setting ContFamily  Work place ContWorkPI  Unknown ContSetUnk  Other, specify OthContSet OthSetSpec

If yes, location/city/country of exposure\* ContLocation

**Risk Factors continued**

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

If yes, location/city/country of exposure\* LiveMktLocation

**Underlying conditions (tick all that apply)\***

- Pregnancy Pregnancy If yes, trimester Trimester  Post-partum (< 6 weeks) PostPartum
- Cardiovascular disease CVD  Immunodeficiency including HIV Immunodef
- Diabetes Diabetes  Renal failure RenalFailure
- Liver disease LiverDis  Chronic lung disease ChronLung
- Chronic neurological or neuromuscular disease Neurological  Malignancy Malignancy
- Other underlying condition, specify OthUndCond OthCondSpec

**Other risk factors for disease\*** RiskSpec

**Protective factors**

**Prior to onset (or prior to reporting if asymptomatic), had the case been immunised with appropriate vaccine?\*** ImmUnised  Yes  No  NA  Unknown

If yes, specify date of last vaccination\* ImmDate

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

**Management**

**CASE MANAGEMENT**

**Isolation\*** IsolationType  No isolation  Home  Facility, specify IsolationFacility

If isolated, date isolated from IsolatedFromDate date isolated to IsolatedToDate

**CONTACT MANAGEMENT**

**Number of contacts identified (if applicable)\*** NumCont

**Number of contacts followed up (if applicable)\*** NumContProt

**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)	<u>Flight1No</u>	<u>Flight2No</u>	<u>Flight3No</u>	<u>Flight4No</u>
Date of departure	<u>Flight1DepDt</u>	<u>Flight2DepDt</u>	<u>Flight3DepDt</u>	<u>Flight4DepDt</u>

**Comments\***

Comments