

CASE REPORT FORM

Coronavirus Disease

COVID-19

EpiSurv No. _____

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** **GPPracticeName** _____ **GP phone** **GPPhone** _____**GP/Practice address** Number _____ Street _____ Suburb _____
GPAddress 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 Unknown**Occupation*** **Occupation** _____**Occupation location** **PlaceOfWork1Type** Place of Work School Pre-school**Name** **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 InformationUsual country of residence if not New Zealand* **ResidCountry** _____How was case/infection discovered?* **HowDiscov**

- 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) **HowDiscSpec** _____ Unknown

Was the case tested at a CBAC/COVID-19 testing centre?* **CBAC** Yes No UnknownIf yes, what was the source of referral?* **ReferSource** Self No Healthline Other**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** Loss of sense of smell **Anosmia** Abdominal pain **PainAbdom**
 Sore throat **Sore throat** 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 **Dypsnea** 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 ResultsIf yes, date of laboratory confirmation **LabConfDt** _____

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 Results
 Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) **NAAT** Yes No Not Done Awaiting Results
 If yes, has this been confirmed by NAAT on a second specific genomic target? **NAATConf** Yes No Not Done Awaiting Results
 Detection of coronavirus from clinical specimen using pan-coronavirus NAAT (PCR) **PanCoVNAAT** Yes No Not Done Awaiting Results
 If yes, has this been confirmed by sequencing? **CoVSequ** Yes No Not Done Awaiting Results
 Positive IgM antibody **PosIgM** Yes No Not Done Awaiting Results
 Significant rise in IgG antibody level between paired sera **SigAntibody** Yes No Not Done Awaiting Results
 Other positive test (specify)* **OthPosTest** _____

If no, have other respiratory pathogens been excluded? **OthExcluded** Yes No Not Done Awaiting Results

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?* **EpiCont** Yes No Unknown

If 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**

Time of onset* **OnsetTime** _____ Unknown **OnsetTimeUnknown**

Hospitalised* **Hosp** Yes No Unknown

Date hospitalised* **HospDt** _____ Unknown **HospDtUnknown**

Hospital* **Hospital** **HospName** _____

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 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?* **DevSympt** Yes No Unknown

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

Health status* **HlthStat** Recovered Not recovered Death Unknown
 Other (specify) **HlthStatSpec** _____

Was the case in ICU?* **ICU** Yes No Unknown

Ventilation required* **VentReqd** Yes No Unknown

Extracorporeal membrane oxygenation required (ECMO)* **ECMO** Yes No Unknown

If case was hospitalised, date discharged from hospital **DischDt** _____

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

Date: **LastTestDt** _____ Result: **LastTestResult** 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 **Outbrk** If yes, specify Outbreak No.* **OutbrkNo** _____

Name of institution if case is part of an institutional sub-cluster as agreed with the Ministry of Health*

SubCluster _____

Risk Factors

Is the case a health care worker (any job in a health care setting)?* **HealthWorker** Yes No Unknown

If yes, country: **HlthWorkerCountry** City: **HlthWorkerCity** Name of facility: **HlthWorkerFacility**

Risk Factors continued

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:*	LastCountry	LastCity	LastDtEntered	LastDtDeparted
Second Last:*	SecCountry	SecCity	SecDtEntered	SecDtDeparted
Third Last:*	ThirdCountry	ThirdCity	ThirdDtEntered	ThirdDtDeparted

Passports held Country 1: Passport1 _____ Country 2: Passport2 _____ Country 3: Passport3 _____

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 Family setting Work place Unknown Other, specify OthARISpec
 ARIHlthCare ARIFamily ARIWorkPl ARISetUnk OthARISet

Did the case have contact with a probable or confirmed case?* ContProbConf 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:	ContID1	FirstCont1Dt	LastCont1Dt	<input type="checkbox"/> Cont1Ongoing	<input type="checkbox"/> Cont1DtUnk
Case 2:	ContID2	FirstCont2Dt	LastCont2Dt	<input type="checkbox"/> Cont2Ongoing	<input type="checkbox"/> Cont2DtUnk
Case 3:	ContID3	FirstCont3Dt	LastCont3Dt	<input type="checkbox"/> Cont3Ongoing	<input type="checkbox"/> Cont3DtUnk
Case 4:	ContID4	FirstCont4Dt	LastCont4Dt	<input type="checkbox"/> Cont4Ongoing	<input type="checkbox"/> Cont4DtUnk
Case 5:	ContID5	FirstCont5Dt	LastCont5Dt	<input type="checkbox"/> Cont5Ongoing	<input type="checkbox"/> Cont5DtUnk

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

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

If yes, location/city of exposure* ContLocation _____

Country of exposure if not New Zealand* ContCountry _____

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, including hypertension 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 (as a case)* **IsolationType** No isolation Home Facility, specify **IsolationFacility** _____

If isolated, date isolated from **IsolatedFromDate** _____ Date isolated to **IsolatedToDate** _____

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

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

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

Date self-isolation/quarantine started **QuarantDt** _____

CONTACT MANAGEMENT

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

Number of close contacts identified (if applicable)* **NumCont** _____

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

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)	Flight1No _____	Flight2No _____	Flight3No _____	Flight4No _____
Date of departure	Flight1DepDt _____	Flight2DepDt _____	Flight3DepDt _____	Flight4DepDt _____
Seat number	Flight1SeatNo _____	Flight2SeatNo _____	Flight3SeatNo _____	Flight4SeatNo _____

Comments*

Comments