

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

Name of reporting source ReportName Organisation ReportOrganisationDate reported\* 01/06/2021 laboratory sample date dd/mm/yyyy Contact phone ReportPhone  
ReportDate sampleDateUsual GP UsualGP Practice GPPracticeName GP phone GPPhoneGP/Practice address Number Street Suburb GPAddress  
Town/City Post Code  GeoCode

## Case Identification

Name of case\* Surname Surname field Given Name(s) GivenName namesNHI number\* NHINumber Email EmailCurrent address\* Number Street Suburb CaseAddress  
Town/City Post Code  GeoCodePhone (home) PhoneHome Phone (work) PhoneWork Phone (other) PhoneOther

## Case Demography

Location TA\* TA DHB\* DHBDate of birth\* DateOfBirth dd/mm/yyyy OR Age Age  Days  Months  Years AgeUnitsSex\* Sex  Male  Female  Indeterminate  UnknownOccupation\* OccupationOccupation location PlaceOfWork1Type  Place of Work  School  Pre-schoolName PlaceOfWork1Address Number Street Suburb PlaceOfWork1Address  
Town/City Post Code  GeoCodeAlternative location PlaceOfWork2Type  Place of Work  School  Pre-schoolName NameAddress 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**Usual country of residence if not New Zealand\* ResidCountryHow 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)  
 Routine testing of border staff       Routine testing of managed isolation/quarantine facility staff  
 Other (specify) HowDiscSpec \_\_\_\_\_  Unknown

If case was in managed isolation/quarantine, what day of quarantine was the positive sample collected? (e.g. day 3, day 12)\* QuarSample

Was the case tested at a CBAC/COVID-19 testing centre?\* CBAC       Yes       No       Unknown

If yes, what was the source of referral?\* ReferSource       Self       GP       Healthline       Other

**Basis of Diagnosis****CLINICAL CRITERIA** Fits clinical description\* FitClinDes       Yes       No       UnknownAt the time of diagnosis, was the case asymptomatic?\* Asymptomatic       Yes       No       UnknownIf the case did not have symptoms when diagnosed, did they later develop any symptoms?\* DevSympt Yes       No       UnknownIf yes, onset date for when the case later developed symptoms\* DevSymptDt 


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 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 Dypsnea       Abnormal lung x-ray findings LungXray  
 Conjunctival injection Conjunct       Coma Coma       Abnormal lung auscultation LungAusc  
 Other signs, specify\* OthSign      OthSignSpec \_\_\_\_\_

**LABORATORY CRITERIA** 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 ResultsDetection of SARS-CoV-2 from clinical specimen by NAAT (PCR) NAAT       Yes       No       Not Done       Awaiting ResultsIf yes, Ct value or strength of PCR (eg weak or strong) CtValue\_\_\_\_\_ Date CtDate1  Second Ct value or strength of PCR CtValue2\_\_\_\_\_ Date CtDate2  Third Ct value or strength of PCR CtValue3\_\_\_\_\_ Date CtDate3  If yes, has this been confirmed by NAAT on a second specific genomic target? NAATConf Yes       No       Not Done       Awaiting Results

**Basis of Diagnosis continued****LABORATORY CRITERIA (continued)**

- Detection of coronavirus from clinical specimen using pan-coronavirus NAAT (PCR) **PanCoVNAAAT**  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

**EPIDEMIOLOGICAL CRITERIA**

- 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

**HISTORICAL CASE**

- Is this a historical case as per Ministry of Health guidance/protocol?\* **HistoricalCase**  Yes  No  Unknown
- Has the case previously had a positive COVID-19 test overseas?\* **OverseasPosTest**  Yes  No  Unknown
- If yes, date of positive test **OverseasPosDt**
- If yes, specify country **OverseasPosCountry** \_\_\_\_\_
- If yes, reason for previous test **OverseasTestReason** \_\_\_\_\_
- If yes, how was the test confirmed **OverseasTestConf**  Patient/Caregiver recall  Documented  NA  Unknown
- Was this historical case confirmed by serological testing? **ConfSerology**  Yes  No  Unknown
- If yes, please provide details in the laboratory criteria section above

**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\*** **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 outcome is known or 30 days after notification

- 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

**Additional Outcome Details continued**

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 sub-cluster that the case is part of (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** \_\_\_\_\_

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**

For historical cases only, if the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?\* **PriorTravel**  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:*	<b>LastCountry</b>	<b>LastCity</b>	<b>LastDtEntered</b>	<b>LastDtDeparted</b>
Second Last:*	<b>SecCountry</b>	<b>SecCity</b>	<b>SecDtEntered</b>	<b>SecDtDeparted</b>
Third Last:*	<b>ThirdCountry</b>	<b>ThirdCity</b>	<b>ThirdDtEntered</b>	<b>ThirdDtDeparted</b>

Passports held Country 1: **Passport1** Country 2: **Passport2** // Country 3: **Passport3**

Did the case visit any health care facility(ies) in the 14 days prior to onset (or prior to reporting if asymptomatic)?\* **HealthFacility**  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)?\* **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 **OthARISpec** \_\_\_\_\_ // **OthARISet**

Did the case have contact with a probable or confirmed case in the 14 days prior to onset (or prior to reporting if asymptomatic)?\* **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:	<b>ContID1</b>	<b>FirstCont1Dt</b>	<b>LastCont1Dt</b>	<input type="checkbox"/> <b>Cont1Ongoing</b>	<input type="checkbox"/> <b>Cont1DtUnk</b>
Case 2:	<b>ContID2</b>	<b>FirstCont2Dt</b>	<b>LastCont2Dt</b>	<input type="checkbox"/> <b>Cont2Ongoing</b>	<input type="checkbox"/> <b>Cont2DtUnk</b>
Case 3:	<b>ContID3</b>	<b>FirstCont3Dt</b>	<b>LastCont3Dt</b>	<input type="checkbox"/> <b>Cont3Ongoing</b>	<input type="checkbox"/> <b>Cont3DtUnk</b>
Case 4:	<b>ContID4</b>	<b>FirstCont4Dt</b>	<b>LastCont4Dt</b>	<input type="checkbox"/> <b>Cont4Ongoing</b>	<input type="checkbox"/> <b>Cont4DtUnk</b>
Case 5:	<b>ContID5</b>	<b>FirstCont5Dt</b>	<b>LastCont5Dt</b>	<input type="checkbox"/> <b>Cont5Ongoing</b>	<input type="checkbox"/> <b>Cont5DtUnk</b>

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 of exposure\* **ContLocation** \_\_\_\_\_

Country of exposure if not New Zealand\* **ContCountry** \_\_\_\_\_

**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, 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 vaccine details\*

How many doses did the case receive prior to onset? **NumDoses** \_\_\_\_\_

Date given	Date unknown	Name of vaccine	Batch number
First dose <b>DtFirstDose</b>	<input type="checkbox"/> <b>Dose1DtUnk</b>	<b>Dose1Vacc</b> _____	<b>Dose1Batch</b> _____
Second dose <b>DtSecondDose</b>	<input type="checkbox"/> <b>Dose2DtUnk</b>	<b>Dose2Vacc</b> _____	<b>Dose2Batch</b> _____

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

Where was the case vaccinated?\* **VaccCountry**  New Zealand  Other country (specify) **VaccCountrySpec** \_\_\_\_\_

**Management****CASE MANAGEMENT**

**Isolation (as a case)\*** **IsolationType**

- No isolation  Home  MIQ facility, specify **IsolationFacility** \_\_\_\_\_ **MIQ room no.** **IsolFacilityRm** \_\_\_\_\_
- Other, specify **IsolationSpec** \_\_\_\_\_

If isolated, date isolated from\* **IsolatedFromDate** \_\_\_\_\_ Date isolated to\* **IsolatedToDate**

If isolated at a facility, reason for isolation\* **FacilityReason**  Travel-related case  Community-transmission case

**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**

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

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

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

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

Case 1: **QuarCaseID1** \_\_\_\_\_ Case 2: **QuarCaseID2** \_\_\_\_\_ Case 3: **QuarCaseID3** \_\_\_\_\_ Case 4: **QuarCaseID4** \_\_\_\_\_

**Management continued**

**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