

COVID-19

EpiSurv No. EpiSurvNumber

Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** _____

Notifier Identification (i)

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

Name of reporting source **ReportName** _____

Organisation **ReportOrganisation** _____

Date reported* **ReportDate** _____

07/12/2021

Contact phone **ReportPhone** _____

Usual GP **UsualGP** _____

Practice **GPPracticeName** _____

GP phone **GPPhone** _____

GP/Practice address

Number _____

Street _____

Suburb _____

GPAAddress

Town/City _____

Post Code _____

GeoCode _____

Case Identification (i)

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** _____

dd/mm/yyyy

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) (i)

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* ResidCountryHow was case/infection discovered?* HowDiscov i

- Contact of a case (including at a location of interest)
 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**Basis of Diagnosis****CLINICAL CRITERIA** iFits 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
 Altered taste AlteredTaste
 Joint pain PainJoint

 Other symptoms, specify* OthSymptoms**Clinical signs (tick all that apply)*** Abnormal lung x-ray findings LungXray Other signs, specify* OthSign OthSignSpec**LABORATORY CRITERIA** iLaboratory 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)*

Detection 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 Rapid antigen test RapidAg Yes No Not Done Awaiting Results Date RapidAgDt Second rapid antigen test RapidAg2 Yes No Not Done Awaiting results Date RapidAg2Dt Other positive test (specify)* OthPosTest _____**EPIDEMIOLOGICAL CRITERIA**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 _____

Basis of Diagnosis continued

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

Clinical Course and Outcome

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

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 Lost to follow up

Unknown Other (specify) _____

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*

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

Was the case overseas in the 10 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:*	_____	_____	<i>LastDtEntered</i> <input type="text" value="dd/mm/yyyy"/>	<i>Departed</i> <input type="text" value="dd/mm/yyyy"/>
Second Last:*	_____	_____	<i>SecDtEntered</i> <input type="text" value="dd/mm/yyyy"/>	<i>Departed</i> <input type="text" value="dd/mm/yyyy"/>
Third Last:*	_____	_____	<i>ThirdDtEntered</i> <input type="text" value="dd/mm/yyyy"/>	<i>Departed</i> <input type="text" value="dd/mm/yyyy"/>

Risk Factors continued

Did the case have contact with any health care services in the 10 days prior to onset (or prior to reporting if asymptomatic)?* **HealthFacility** Yes No Unknown

Did the case have contact with a probable or confirmed case in the 10 days prior to onset (or prior to reporting if asymptomatic)?* **ContProbConf** Yes No Unknown

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

Health care setting Family setting Work place Unknown Other, specify _____
ContHlthCare **ContFamily** **ContWorkPl** **ContSetUnk** **OthContSet**

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** _____

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	DtFirstDose <input type="text" value="dd/mm/yyyy"/>	<input type="checkbox"/> Dose1DtUnk	Dose1Vacc _____	Dose1Batch _____
Second dose	DtSecondDose <input type="text" value="dd/mm/yyyy"/>	<input type="checkbox"/> Dose2DtUnk	Dose2Vacc _____	Dose2Batch _____
Booster (3rd) dose	DtThirdDose <input type="text" value="dd/mm/yyyy"/>	<input type="checkbox"/> Dose3DtUnk	Dose3Vacc _____	Dose3Batch _____

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) _____

Management**CASE MANAGEMENT**

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

No isolation Home MIQ facility, specify _____ **MIQ room no.** _____
IsolFacilityRm

Other, specify _____

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

Where was the case told to self-isolate/quarantine?* Community **QuarCommunity** MIQ **QuarMIQ**

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**

Name of the facility where the case was in self-isolation/quarantine or location (e.g. home) if in the community* **QuarantFacility** _____ **Facility room no.** _____
QuarFacilityRm

Management continued**CASE MANAGEMENT (Continued)**

How many people was the case in self isolation/quarantine with?* QuarantNum

Have any other people the case was in self isolation/quarantine with been diagnosed as cases?* Yes No Unknown
QuarantCase

If yes, list the EpiSurv numbers of the other cases*

Case 1: _____
QuarCaseID1

Case 2: _____
QuarCaseID2

Case 3: _____
QuarCaseID3

Case 4: _____
QuarCaseID4

Comments*

Comments