

CASE REPORT FORM

Viral Haemorrhagic Fever

DiseaseName _____	EpiSurv No. <u>EpiSurvNumber</u>
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Disease Name

DiseaseName _____

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** _____ **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** _____

DiseaseName _____

EpiSurv No. EpiSurvNumber

Basis of Diagnosis

CLINICAL CRITERIA (refer to case definition)

Fits Clinical Description* **FitClinDes** Yes No Unknown

LABORATORY CRITERIA (refer to case definition)

Laboratory confirmation of disease* **LabConf** Yes No Not Done Awaiting Results

If yes, specify laboratory confirmation method (tick all that apply)*

Isolation of organism from clinical specimen **IsolOrg** Yes No Not Done Awaiting Results

Detection of organism by NAAT from clinical specimen **NAAT** Yes No Not Done Awaiting Results

Positive IgM antibody **PosIgM** Yes No Not Done Awaiting Results

Significant rise in antibody level (IgG) **SigAntibody** Yes No Not Done Awaiting Results

Detection of antigen by ELISA **Elisa** Yes No Not Done Awaiting Results

Other positive test* **OthPosTest** _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Contact with a probable or confirmed case of the same disease* **ConfCase** Yes No Unknown

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* **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** _____

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

Was the case overseas during the incubation period for this disease?* **Overseas** Yes No Unknown
(refer to the Communicable Disease Control Manual or Ministry of Health guidance for incubation periods)

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

Specify countries visited (from most recent to least recent)*

	Country/Region	Date entered	Date departed
Last:	LastCountry _____	LastDtEntered _____	LastDtDeparted _____
Second Last:	SecCountry _____	SecDtEntered _____	SecDtDeparted _____
Third Last:	ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____

DiseaseName _____

EpiSurv No. EpiSurvNumber

Risk Factors continued

During the time overseas:

Did the case visit or work in caves or mines?* **Caves** Yes No Unknown

If yes, specify cave exposure **CavesSpec** _____

Did the case have contact with an animal reservoir for this disease?* **ExpAnimal** Yes No Unknown

If yes, specify animal exposure **ExpAnimalSpec** _____

Did the case handle or consume meat or animal products e.g. bush meat or unpasteurised milk?* **ConsAnimal** Yes No Unknown

If yes, specify exposure detail **ConsAnimSpec** _____

Was the case potentially exposed to body fluids / blood / tissue from a confirmed, probable or suspect case during the incubation period for this disease?* **BodyFluids** Yes No Unknown

If yes, what was the nature of exposure?

Household exposure **Household** Yes No Unknown

Sexual exposure **Sexual** Yes No Unknown

Dead body exposure **Corpse** Yes No Unknown

Occupational exposure (e.g. healthcare worker, laboratory worker etc) **ExpOccup** Yes No Unknown

If yes, specify occupational exposure **ExpOccSpec** _____

Other exposure to body fluids / blood / tissue from a case **OthExp** Yes No Unknown

If yes, specify other exposure **OthExpSpec** _____

Other risk factor(s) for disease **RiskSpec** _____

Protective Factors

Prior to onset, had 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

Was the case excluded from work or school, pre-school or childcare for an appropriate period? **Excluded** Yes No NA Unknown

Was appropriate infection control advice given? **InfControl** Yes No NA Unknown

CONTACT MANAGEMENT

Flight number(s) if case infectious while on board a flight*

Last flight **Flight1No** ____ 2nd to last flight **Flight2No** ____ 3rd to last flight **Flight3No** ____ 4th to last flight **Flight4No** ____

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

Does case live or work in an institution (e.g. prison, boarding hostel) **Instutn** Yes No Unknown

If yes, specify detail **InstutnSpec** _____

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

Number of contacts followed up according to national or local protocols (if applicable) **NumContProt** _____

Comments*

Comments