

## Instructions for completing the Highly Pathogenic Avian Influenza Case Report Form

### Basis of Diagnosis

#### CLINICAL CRITERIA

Symptoms	<i>Tick as many symptoms as necessary, and specify any other symptom present. HPAI may be associated with other symptoms including flu-like symptoms (headache, muscular pain, loss of appetite, malaise).</i>
Pneumonia	<i>Indicate if there are clear signs of pneumonia</i>
Radiological/imaging Evidence of pneumonia	<i>Indicate whether there was any radiological or imaging evidence of pneumonia. If not known or unavailable then tick "Not Done", "Awaiting Results" or "Unknown".</i>
Respiratory Distress Syndrome	<i>Indicate if the case has been diagnosed as having Acute Respiratory Distress Syndrome (ARDS)</i>
Ventilation required	<i>Note if mechanical ventilation was required.</i>

#### LABORATORY CRITERIA

Laboratory confirmation	<i>If the test result is positive then tick the associated box.</i>  <i>A positive PCR requires positive H5 PCR results from tests using two different PCR targets, eg, primers specific for influenza A and H5 HA.</i>  <i>Specify any other positive test which was carried out but is not listed.</i>
Confirmation by two referral laboratories	<i>If the PCR test results from two referral laboratories were positive tick the "Yes" option. If either of the PCR test results were negative tick the "No" option. If either of the PCR tests were not carried out, tick "Not Done". If the PCR results are not yet available, tick "Awaiting Results".</i>
Respiratory pathogens excluded	<i>Indicate if other pathogens have been excluded.</i>

#### EPIDEMIOLOGICAL CRITERIA

Contact with person with HPAI in the last 7 days	<i>Indicate whether the case had close contact with a case of HPAI, in the previous 7 days. "Close contact" means being within speaking/touching distance. If not known or unavailable then tick the "Unknown" box.</i>
Travel to epidemic area in the last 7 days	<i>Indicate whether the case has travelled to a high prevalence area in the last 7 days. Please see the appendix for the appropriate</i>

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website with the latest list of countries. If not known or unavailable then tick the "Unknown" box.

### Basis of Diagnosis continued

#### STATUS

*Under investigation - A case which has been notified but for which information is not yet available to classify it as suspect, probable or confirmed.*

*For current definitions of Suspect, Probable and Confirmed please refer to the Ministry of Health website.*

*Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.*

#### ADDITIONAL LABORATORY DETAILS

*If known, specify the organism, species, or serotype or phage type.*

### Clinical Course and Outcome

Date of onset

*The date of onset is the first day the case was aware of being ill. If this is not known, enter an approximate date and tick the "Approximate" box.*

Hospitalised

*A case is considered to have been hospitalised if he/she is **admitted** to an acute care hospital. If the case received treatment as an outpatient, tick "No". If this information is not available, tick "Unknown".*

Date hospitalised

*If hospitalised, give the full date of admission. If this is unknown, tick the "Unknown" box.*

Hospital

*If admitted to an acute care hospital, give the full name of the hospital.*

Died

*If the case died for any reason, indicate this. Tick "Unknown" if this information is not available.*

Date died

*If the case died, give the date of death. If this is not known tick the "Unknown" box.*

Cause of death

*If death was **not** primarily due to HPAI, or its complications, specify the primary cause of death.*

### Outbreak Details

Is the case part of an outbreak?

*Indicate whether this case was known to be linked epidemiologically to one or more other cases of the same disease. This includes cases within the same family or household, regardless of whether an outbreak investigation was carried out.*

Outbreak No.

*If the case is part of an outbreak as defined above, specify the outbreak number if an outbreak investigation was carried out (as per the outbreak investigation form). This outbreak number is a*

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*generated by the system. The use of a common code will help identify linked cases for further analysis.*

#### **Risk Factors**

Contact with HPAI case(s)	<i>Indicate whether the case had any contact with HPAI case(s). Contact means "close contact" which is define as being within touching/speaking distance. If "Yes", list the names or EpiSurv numbers of the cases and the contact details in the exposures section of the form.</i>
Overseas travel	<i>Indicate whether the case was overseas during the 7 days prior to onset. If "Yes", record the date of arrival in New Zealand. List the countries/regions visited (if more than three, please use the comments box) from the most recent to the least recent. Record the date entered and departed for each country/region.</i>
Possible contact with birds or bird faeces	<i>Indicate if case the case visited any place overseas where close contact with birds or bird faeces was possible.</i>
Contact with birds	<i>Indicate if case was in close contact or handled birds while overseas.</i>
Contact with raw bird meat	<i>Indicate if case has been in contact with raw meat or other avian products in New Zealand during the last seven days.</i>
Contact with domestic birds etc	<i>Indicate if case has been in contact with domestic birds, wild birds or other at risk animals in New Zealand during the last seven days.</i>
Laboratory worker or visitor	<i>Indicate if case was in contact with avian influenza samples in a laboratory during the last seven days.</i>
Details of laboratory contact	<i>Specify the details of any laboratory contact.</i>
Other risk factor for disease	<i>Specify any other risk factors under surveillance for the disease if they were present.</i>

#### **Protective Factors**

Seasonal Influenza Vaccination	<i>Indicate whether the case has received a seasonal influenza vaccination in the 12 months before becoming ill. If "Yes" specify the date of the last vaccination.</i>
Pre-pandemic Influenza Vaccination	<i>Indicate whether the case has received a pre-pandemic influenza vaccination in the 12 months before becoming ill. If "Yes" specify the date of the last vaccination.</i>
Pandemic Influenza Vaccination	<i>Indicate whether the case has received a pandemic influenza vaccination in the 12 months before becoming ill. If "Yes" specify the date of the last vaccination.</i>

<b>Management</b>
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**CASE MANAGEMENT/CONTROL**

Case excluded from work or school/pre-school/childcare

*Indicate whether the case was excluded from work or school/pre-school/childcare for the appropriate period. If the case does not attend work or school/pre-school/childcare tick the "NA" (not applicable) box. If not known or unavailable then tick the "Unknown" box.*

Infection control advice

*Indicate if the case was given infection control advice, eg, isolation, and/or under respiratory precautions. If not known or unavailable then tick the "Unknown" box.*

**CONTACT MANAGEMENT**

Contacts

*For each contact setting, specify the number of contacts identified, the number that have been fully informed about known risk factors and preventive measures, the number showing respiratory symptoms and the number given post-exposure prophylaxis.*

Other

*If case has been in a setting not listed, eg, marae, church or camp specify the setting and the contact numbers.*

**ANTI-VIRAL STATUS**

Anti-viral treatment

*Indicate whether the case received any anti-viral treatment. If "Yes" specify the purpose of the anti-viral administration.*

Medication

*If the pre-exposure prophylaxis was given, indicate whether the case took any of the specified medications in the 7 days prior to the onset of symptoms. If "Yes" please specify the start date.*

Source

*If anti-viral treatment was given, specify the source of the anti-viral supply*

Non-treatment reason

*If treatment was considered and not given, specify the reason.*

**ANTIBIOTIC STATUS**

Antibiotic treatment

*Indicate whether the case received any antibiotic treatment. If "Yes" specify the antibiotic type given.*

**COMMENTS**

*Any further details that may be useful in assessing the case for diagnostic, epidemiological and surveillance purposes.*

<b>Exposures (Contact with Cases)</b>
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Contact with case details

*For each HPAI case with which the current case has had contact, list the name or EpiSurv number of the case and the contact type. If contact was with a healthcare provider, specify the name of the facility. Specify the city where the contact took place and the country (if outside New Zealand).*