CASE REPORT FORM — Tuberculosis

Tuberculosis EpiSurv No.

Disease Name

- ○ Tuberculosis disease - new case
- ○ Tuberculosis disease - relapse or reactivation
- ○ Latent tuberculosis infection (patient consent required)
- ○ Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

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

Name of reporting source **Organisation**

Date reported* **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb

Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb

Town/City Post Code ☐ GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Ethnic group case belongs to* (tick all that apply)

- ☐ NZ European
- ☐ Maori
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Tongan
- ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

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Basis of Diagnosis

LABORATORY CRITERIA

Meets laboratory criteria for disease* ○ Yes ○ No ○ Unknown

Demonstration of acid-fast bacilli in a clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify) _____

Isolation of Mycobacterium tuberculosis, or M. bovis from a clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify) _____

Demonstration of M. tuberculosis nucleic acid (PCR or LCR only) ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify) _____

Histology strongly suggestive of tuberculosis ○ Yes ○ No ○ Not Done ○ Awaiting Results

MANTOUX STATUS

Mantoux tests done* ○ Yes ○ No ○ Awaiting Results ○ Unknown

Date* _____ **mm induration*** _____ **mm** **Date*** _____ **mm induration*** _____ **mm**

Mantoux status* (tick most appropriate - must use definitions in TB guidelines)

○ Mantoux Negative ○ Mantoux Positive ○ Mantoux Converted ○ Mantoux Unknown

IGRA STATUS

Test done* ○ Yes ○ No ○ Awaiting Results ○ Unknown

If yes, result ○ Positive ○ Negative ○ Indeterminate

OTHER CRITERIA

Treatment for presumptive TB* ○ Yes ○ No ○ Unknown

Interim treatment for presumptive LTBI in children < 5 years* ○ Yes ○ No ○ Unknown

STATUS* ○ Under investigation ○ Probable - presumptive (no laboratory confirmation) ○ Confirmed (laboratory confirmation) ○ Not a case

PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)

Date of first tuberculosis diagnosis* _____ **Name of doctor*** _____

Place where diagnosis made (town/city/country)* _____

Was diagnosis confirmed by laboratory testing?* ○ Yes ○ No ○ Unknown

Was the case treated?* ○ Yes ○ No ○ Unknown

If yes, duration of treatment* _____ months

ADDITIONAL CLINICAL DETAILS

Site of disease (disease only)

Pulmonary* ○ Yes ○ No

If yes,

Radiology* ○ Normal ○ Active TB ○ TB of Uncertain Activity ○ Not Done ○ Unknown

Evidence of cavity formation* ○ Yes ○ No ○ Unknown

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Basis of Diagnosis (continued)

Extrapulmonary* ○ Yes ○ No

If yes, tick all that apply*

☐ Lymph node (excl abdomen) ☐ Pleural ☐ MiliaryTB

☐ Bone/joint ☐ Intraabdominal (excl renal) ☐ Renal/genitourinary tract

☐ Soft tissue/skin ☐ CNS TB (including meningitis)

☐ Other site, specify _____ _____

How was case/infection discovered?*

○ Contact follow-up ○ Immigrant/refugee screening ○ Attended practitioner with symptoms

○ Other (specify) _____ ○ Unknown

ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and ESR UPDATED)

Mycobacterial species ○ *Mycobacterium tuberculosis* ○ *M. bovis*

○ Other (*specify) _____

Susceptibility testing results

Isoniazid (0.1 mg/L)	○ Susceptible	○ Resistant
Isoniazid (0.4 mg/L)	○ Susceptible	○ Resistant
Rifampicin	○ Susceptible	○ Resistant
Ethambutol	○ Susceptible	○ Resistant
Pyrazinamide	○ Susceptible	○ Resistant
Streptomycin	○ Susceptible	○ Resistant

Other antibiotics (specify)

_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant
_____	○ Susceptible	○ Resistant

Specimen details Date specimen taken _____ Specimen number _____

Updated ☐ Reference laboratory _____ Date results updated _____

Molecular Typing

MIRU _____ RFLP _____ ClusterID _____

Updated ☐ Date Results Updated _____ Specimen Number _____

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

☐ Asymptomatic

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* _____ ☐ Unknown

Hospital* _____

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Clinical Course and Outcome continued

Died* ○ Yes ○ No ○ Unknown

Date died* _____ ☐ Unknown

Was this disease the primary cause of death?* ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death* _____

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 **If yes, specify Outbreak No*** _____

Risk Factors

Has HIV test been performed* ○ Yes ○ No ○ Unknown

Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ○ Yes ○ No ○ Unknown

If yes, specify _____

Immunosuppressive medication* ○ Yes ○ No ○ Unknown

Contact with a confirmed case of tuberculosis* ○ Yes ○ No ○ Unknown

If yes, specify nature of contact* _____

If yes, did contact occur within New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify name of case* _____

Born outside New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify country of birth* _____

If yes, date of arrival in NZ* _____ ☐ Unknown

Current or recent residence in a household with a person(s) born outside New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify country of birth* _____

Exposure in health care setting* ○ Yes ○ No ○ Unknown

If yes, specify exposure* _____

Current or recent residence in an institution (e.g. prison)* ○ Yes ○ No ○ Unknown

If yes, specify details* _____

Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation (*M. bovis* infection only)* ○ Yes ○ No ○ Unknown

*If yes, specify exposure in detail _____

Other risk factors for tuberculosis*

(specify*) _____

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Protective Factors

At any time prior to onset, had the case been immunised with BCG vaccine?* ○ Yes ○ No ○ Unknown

If yes, specify date given* ☐ Unknown

If yes, how was this confirmed* ○ Scar ○ Patient/Caregiver recall ○ Documented ○ Unknown

Management

CASE MANAGEMENT

Under specialist care* ○ Yes ○ No ○ Unknown

Name of specialist*

Did the case receive treatment?* ○ Yes ○ Treatment declined ○ Treatment inappropriate ○ Unknown

If yes

Date treatment started* ☐ Unknown

Date treatment ended in NZ* ☐ Unknown

Was treatment interrupted?* ○ Yes ○ No ○ Unknown

Reason treatment ended*

○ Tmt completed to the satisfaction of the prescribing doctor
○ Transferred to overseas medical care
○ Went overseas (medical care not transferred or unknown)
○ Died
○ Refused to complete treatment
○ Stopped treatment because of adverse effects
○ Stopped due to pregnancy
○ Lost to follow up
○ Discontinuation of interim treatment for LTBI (child <5 years)
○ Reason unknown

Did case receive DOT throughout the intensive phase of treatment?* ○ Yes ○ No ○ Unknown

Did case receive DOT throughout the course of treatment?* ○ Yes ○ No ○ Unknown

CONTACT MANAGEMENT (disease only)

Did case have any contacts at risk of infection?* ○ Yes ○ No ○ Unknown

If yes, type of contact:	*Number Identified*
Close contacts*	
Casual contacts*	

Comments*