

CASE REPORT FORM

VTEC/STEC Infection

VTEC/STEC Infection _____	EpiSurv No. _____
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Reporting Authority	
Name of Public Health Officer responsible for case _____	
Notifier Identification	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> 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 _____ <input type="checkbox"/> GeoCode _____	
Case Identification	
Name of case* Surname _____ Given Name(s) _____	
NHI number* _____ Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Phone (home) _____ Phone (work) _____ Phone (other) _____	
Case Demography	
Location TA* _____ DHB* _____	
Date of birth* _____ OR Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* _____	
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Ethnic group case belongs to* (tick all that apply)	
<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori	
<input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan	
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) _____	

Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* Yes No Unknown

Clinical features*

Diarrhoea Yes No Unknown

Haemorrhagic colitis (bloody diarrhoea) Yes No Unknown

Haemolytic uraemic syndrome (HUS) Yes No Unknown

Thrombotic thrombocytopenia purpura (TTP) Yes No Unknown

LABORATORY CRITERIA

Meets laboratory criteria* Yes No Unknown

Isolation of Shiga toxin producing *E. coli* from a clinical specimen* Yes No Not Done Awaiting Results

Detection of the genes associated with the production of Shiga toxin in *E. coli* (PCR)* Yes No Not Done Awaiting Results

STATUS* Under investigation Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Organism serotype* _____

ESR Updated Laboratory _____

Date result updated _____ Sample Number _____

Clinical Course and Outcome

Date of onset* _____ Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

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

Risk Factors

FOOD

Did the case consume any of the following items during the week before becoming ill?*

Food item				If yes specify type, and	specify brand, and	where obtained (e.g. supermarket, Restaurant, friend's house, etc.)
Raw (unpasteurised) milk or products made from raw milk	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	_____	_____	_____

Risk Factors continued

Dairy products (e.g. cheese, yoghurt)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Beef or beef products (e.g. mince, hamburger)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Lamb or hoggett or mutton	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Chicken or poultry	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Processed meats (e.g. luncheon, salami, ham)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Home kill meat	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Any pink or undercooked meat	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Raw fruit / vegetables	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Fruit / vegetable juice	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			

WATER**Water supply code or nature of water supply (e.g. bore, roof, spring)***

Current address* water supply code _____ or specify _____

Work / school / pre-school* water supply code _____ or specify _____

Non-habitual water supply within the last week* Yes No Unknown

If yes, specify* _____

Recreational contact with water during week before becoming ill* Yes No Unknown**If yes, nature of contact*** Swimming in public swimming pool*, name of pool(s)* _____ Swimming in other pool*, location of pool(s)* _____ Use of spa pool*, *location of spa pool(s)* _____ Swimming in stream or river (including canoeing)*, name of river/stream(s)* _____ Other recreational contact with water*, specify* _____**ANIMAL CONTACT**Did the case have contact with animals in the week before becoming ill?* Yes No Unknown**If yes, nature of contact***Household pets* Yes No Unknown Specify* _____Farm animals* Yes No Unknown Specify* _____Other animals* Yes No Unknown Specify* _____Animal manure* Yes No Unknown Specify* _____**HUMAN CONTACT****In the week before becoming ill, did the case:**Attend school, pre-school or childcare* Yes No UnknownAttend any social functions* Yes No Unknown

If yes, give detail* _____

Have contact with children in nappies* Yes No Unknown

Risk Factors continued

Have contact with a person with similar symptoms*

 Yes No Unknown

If yes, specify* Nature of contact* _____

Date of onset of illness in other case* _____

or Unknown**OVERSEAS TRAVEL**

Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?*

 Yes No Unknown

If yes, date arrived in New Zealand* _____

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

Country/Region

Date Entered

Date Departed

Last:*

Second Last:*

Third Last:*

Did the case travel within New Zealand during the week before becoming ill?*

 Yes No Unknown

Specify where in New Zealand the case travelled* _____

OTHER

Did the case have any contact with sewage during the week before becoming ill?*

 Yes No Unknown

Did the case handle raw meat or offal (including raw meat or offal given to pets) during the week before becoming ill?*

 Yes No Unknown

Other risk factors for VTEC/STEC infection (specify)* _____

Management**CASE MANAGEMENT**

Case excluded from work or school, pre-school or childcare until well*

 Yes No NA Unknown

If the case works as foodhandler, or is employed to care for patients, elderly, or children less than 5 years of age, was the case excluded from work until microbiological clearance achieved?*

 Yes No NA Unknown

Number of contacts screened for infection as per local protocols* _____

Number of screened contacts that are identified with VTEC/STEC disease* _____

Comments*