Version: 5 December 2013

CASE REPORT FORM

Generic

DiseaseName _____ EpiSurv No. _____

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 GPAddress Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____

Case Identification

Name of case* Surname Surname _____ Given Name(s) GivenName _____

NHI number* NHINumber _____ **Email** Email _____

Current address* CaseAddress Number _____ Street _____ Suburb _____ 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 PlaceOfWork1Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name _____

Address PlaceOfWork2Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____

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

☐ NZ European EthNZEuropean ☐ 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. _____

Basis of Diagnosis

CLINICAL CRITERIA (refer to case definition)

Fits Clinical Description* FlitClinDes ○ Yes ○ No ○ Unknown

If Leprosy, clinical form* LeprosyForm ○ Tuberculoid (TT) ○ Borderline (BB) ○ Lepromatous (LL)

If Hydatid disease, Radiological/Imaging evidence of characteristic cystic disease* HydRadioEvid ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA (refer to case definition)

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

If yes, specify form of lab confirmation (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 SigAntibody ○ Yes ○ No ○ Not Done ○ Awaiting Results

Other positive test* OthPosTest _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Contact with a laboratory confirmed case of the same disease* ConfCase ○ Yes ○ No ○ Unknown

CLASSIFICATION* Status ○ Under investigation ○ Probable ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

If Leprosy, acid bacilli result* AcidFast ○ Multibacillary ○ Paucibacillary

Other lab details:* AddLab _____

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

Occupational exposure to disease reservoir* ExpOccup ○ Yes ○ No ○ Unknown

If yes specify exposure in detail:* ExpOccSpec _____

Attendance at school, pre-school or childcare* AttenSch ○ Yes ○ No ○ Unknown

DiseaseName _____ EpiSurv No. _____

Risk Factors continued

Was the case overseas during the incubation period for this disease* Overseas ○ Yes ○ No ○ Unknown
(refer to the Manual for Public Health surveillance in New Zealand or specific 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

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

If yes, specify* PriorSpec _____

Other risk factors for disease* RiskSpec _____

Source

Was a source *confirmed* by:*

a) Epidemiological evidence* SceConfEpi ○ Yes ○ No ○ Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* SceConfLab ○ Yes ○ No ○ Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source:* SceConfSpecify _____

If not, were any probable sources identified?* SceProb ○ Yes ○ No ○ Unknown

If yes, specify probable source(s):* SceProbSpecify _____

Protective Factors

Prior to onset, had the 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

Case excluded from work or school, pre-school or childcare for an appropriate period Excluded ○ Yes ○ No ○ NA ○ Unknown

CaseMgmtComm

CONTACT MANAGEMENT

Number of contacts identified (if applicable) NumCont _____

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

ContMgmtComm

Comments*

Comments