

# CASE REPORT FORM

# Tuberculosis

Tuberculosis		EpiSurv No. <b>EpiSurvNumber</b>	
<b>Disease Name</b> <b>DiseaseName</b>			
<input type="radio"/> Tuberculosis disease - new case		<input type="radio"/> Tuberculosis disease - relapse or reactivation	
<input type="radio"/> Latent tuberculosis infection (patient consent required)		<input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)	
<b>Reporting Authority</b>			
Name of Public Health Officer responsible for case		<b>OfficerName</b>	
<b>Notifier Identification</b>			
<b>Reporting source*</b> <b>ReportSrc</b>		<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 <b>ReportName</b>		Organisation <b>ReportOrganisation</b>	
Date reported* <b>ReportDate</b>		Contact phone <b>ReportPhone</b>	
Usual GP <b>UsualGP</b>		Practice <b>GPPracticeName</b>	
GP/Practice address		GP phone <b>GPPhone</b>	
Number	<b>houzenumber</b>	Street	<b>streetname</b>
Town/City	<b>towncity</b>	Suburb	<b>suburb</b>
		Post Code	<b>postco...</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
<b>Case Identification</b>			
Name of case* Surname <b>Surname</b>		Given Name(s) <b>GivenName</b>	
NHI number* <b>NHINumber</b>		Email <b>Email</b>	
Current address* Number <b>houzenum...</b>		Suburb <b>suburb</b>	
Town/City <b>towncity</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
Phone (home) <b>PhoneHome</b>		Phone (work) <b>PhoneWork</b>	
		Phone (other) <b>PhoneOther</b>	
<b>Case Demography</b>			
Location TA* <b>TA</b>		DHB* <b>DHB</b>	
Date of birth* <b>DateOfBirth</b>		OR Age <b>Age</b> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>	
Sex* <b>Sex</b>		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* <b>Occupation</b>			
Occupation location <b>occupation_place_type</b>		<input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <b>occupation_place_name</b>			
Address Number <b>houzenumb...</b>		Suburb <b>suburb</b>	
Town/City <b>towncity</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
Alternative location <b>occupation_place_type</b>		<input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <b>occupation_place_name</b>			
Address Number <b>houzenumber</b>		Suburb <b>suburb</b>	
Town/City <b>towncity</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
Ethnic group case belongs to* (tick all that apply)			
<input type="checkbox"/> NZ European <b>EthNZEuropan</b>		<input type="checkbox"/> Maori <b>EthMaori</b>	
<input type="checkbox"/> Niuean <b>EthNiuean</b>		<input type="checkbox"/> Chinese <b>EthChinese</b>	
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) <b>EthOther</b>		<input type="checkbox"/> Samoan <b>EthSamoan</b>	
		<input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>	
		<input type="checkbox"/> Indian <b>EthIndian</b>	
		<input type="checkbox"/> Tongan <b>EthTongan</b>	
		<b>EthSpecify1</b> _____ <b>EthSpecify2</b> _____	

**Basis of Diagnosis****LABORATORY CRITERIA**

**Meets laboratory criteria for disease\* LabConf**  Yes  No  Unknown

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

If yes, specify site **AcidFSite**  Sputum  Other (specify) AcidSiteSpec

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

If yes, specify site **IsoSite**  Sputum  Other (specify) IsoSiteSpec

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

If yes, specify site **PCRSite**  Sputum  Other (specify) PCRSiteSpec

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

**MANTOUX STATUS**

**Mantoux tests done\* ManTest**  Yes  No  Awaiting Results  Unknown

**Date\* ManDate1** \_\_\_\_\_ **mm induration\* Manmm1** \_\_\_\_\_ **mm Date\* ManDate2** \_\_\_\_\_ **mm induration\* Manmm2** \_\_\_\_\_ **mm**

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

Mantoux Negative  Mantoux Positive  Mantoux Converted  Mantoux Unknown

**IGRA STATUS**

**Test done\* IGRATestDone**  Yes  No  Awaiting Results  Unknown

If yes, result **IGRATestResult**  Positive  Negative  Indeterminate

**OTHER CRITERIA**

**Treatment for presumptive TB\* TmtPresumptive**  Yes  No  Unknown

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

**STATUS\* Status**  Under investigation  Probable - presumptive  Confirmed  Not a case

(no laboratory confirmation) (laboratory confirmation)

**PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)**

**Date of first tuberculosis diagnosis\* DateFirstTB** \_\_\_\_\_ **Name of doctor\* DrTBDig** \_\_\_\_\_

**Place where diagnosis made (town/city/country)\* PlaceTBDig** \_\_\_\_\_

**Was diagnosis confirmed by laboratory testing?\* TBDigLab**  Yes  No  Unknown

**Was the case treated?\* CaseTreat**  Yes  No  Unknown

If yes, duration of treatment\* **DurTreat** \_\_\_\_\_ months

**ADDITIONAL CLINICAL DETAILS****Site of disease (disease only)**

**Pulmonary\* Pulmon**  Yes  No

If yes,

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

**Evidence of cavity formation\* EvidOfCavity**  Yes  No  Unknown

**Basis of Diagnosis (continued)**Extrapulmonary\* **Extrapulm**  Yes  No

If yes, tick all that apply\*

- Lymph node (excl abdomen) **LymphNode**  Pleural **Pleural**  MiliaryTB **MiliaryTB**
- Bone/joint **BoneJoint**  Intraabdominal (excl renal) **Intraabdominal**  Renal/genitourinary tract **RenalUrinaryTract**
- Soft tissue/skin **SoftTissueSkin**  CNS TB (including meningitis) **CNSTB**
- Other site, specify **OtherExtraPulmonarySite** **OtherExtraPulmonarySiteSpecify**

**How was case/infection discovered?\*** **HowDisc**

- Contact follow-up  Immigrant/refugee screening  Attended practitioner with symptoms
- Other (specify) **HowDiscSpec**  Unknown

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

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

Other (\*specify) **OrganIsolSpec**

**Susceptibility testing results**

Isoniazid (0.1 mg/L) **IsoniazidLow**  Susceptible  Resistant

Isoniazid (0.4 mg/L) **IsoniazidHigh**  Susceptible  Resistant

Rifampicin **Rifampicin**  Susceptible  Resistant

Ethambutol **Ethambutol**  Susceptible  Resistant

Pyrazinamide **Pyrazinamide**  Susceptible  Resistant

Streptomycin **Streptomycin**  Susceptible  Resistant

*Other antibiotics (specify)*

**Antibiotic1** **AntibioticSus1**  Susceptible  Resistant

**Antibiotic2** **AntibioticSus2**  Susceptible  Resistant

**Antibiotic3** **AntibioticSus3**  Susceptible  Resistant

**Antibiotic4** **AntibioticSus4**  Susceptible  Resistant

**Antibiotic5** **AntibioticSus5**  Susceptible  Resistant

**Antibiotic6** **AntibioticSus6**  Susceptible  Resistant

**Antibiotic7** **AntibioticSus7**  Susceptible  Resistant

**Specimen details** Date specimen taken **SusDateSpecimenTaken** Specimen number **SusSpecimenNumber**Updated  Reference laboratory **SusReferenceLaboratory** Date results updated **SusDateUpdated****SusAutoUpdated****Molecular Typing**MIRU **MIRU** RFLP **RFLP** ClusterID **ClusterID**Updated  Date Results Updated **TypingDateUpdated** Specimen Number **TypingSpecimenNumber****Clinical Course and Outcome**

**Date of onset\*** **OnsetDt**  Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**

Asymptomatic **Asymptomatic**

**Hospitalised\*** **Hosp**  Yes  No  Unknown**Date hospitalised\*** **HospDt**  Unknown **HospDtUnknown****Hospital\*** **HospName**

**Clinical Course and Outcome continued**

**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**

**Has HIV test been performed\* HIVTest**  Yes  No  Unknown

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

If yes, specify

**ImmunoIllSpecify**

**Immunosuppressive medication\* ImmunoMed**  Yes  No  Unknown

**Contact with a confirmed case of tuberculosis\* ContCase**  Yes  No  Unknown

If yes, specify nature of contact\*

**ContSpec**

If yes, did contact occur within New Zealand\* **ContNZ**

Yes  No  Unknown

If yes, specify name of case\* **ContNZName**

**ContNZName**

**Born outside New Zealand\* BornOutNZ**  Yes  No  Unknown

If yes, specify country of birth\*

**BrtCountry**

If yes, date of arrival in NZ\* **ArrivDt**

\_\_\_\_\_  Unknown **ArrivDtUnknown**

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

If yes, specify country of birth\*

**OthCountry**

**Exposure in health care setting\* ExpHlth**  Yes  No  Unknown

If yes, specify exposure\*

**ExpHlthSpec**

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

If yes, specify details\*

**InstuteSpec**

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

\*If yes, specify exposure in detail

**CattleSpec**

**Other risk factors for tuberculosis\***

(specify\*) **RiskOthSpecify**

**Protective Factors**

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

If yes, specify date given\* **BCGDate** \_\_\_\_\_  Unknown **BCGDateUnknown**

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

**Management****CASE MANAGEMENT**

**Under specialist care\*** **SpeclstCare**  Yes  No  Unknown

Name of specialist\* **SpeclstName** \_\_\_\_\_

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

If yes

**Date treatment started\*** **StDateTmt** \_\_\_\_\_  Unknown **StDateTmtUnknown**

**Date treatment ended in NZ\*** **EndDateNZTmt** \_\_\_\_\_  Unknown **EndDateNZTmtUnknown**

**Was treatment interrupted?\*** **TmtInterrupted**  Yes  No  Unknown

**Reason treatment ended\*** **ReasonTmtEnded**

- 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?\*** **DOTThrOutIntensive**  Yes  No  Unknown

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

**CONTACT MANAGEMENT (disease only)**

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

If yes, type of contact: \_\_\_\_\_ Number Identified \_\_\_\_\_

Close contacts\* **CloseCont** \_\_\_\_\_

Casual contacts\* **CasualCont** \_\_\_\_\_

**Comments\***

**Comments**