

# CASE REPORT FORM

# VTEC/STEC Infection

VTEC/STEC Infection _____	EpiSurv No. <b>EpiSurvNumber</b> _____
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## 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**    Number **houzenumber**    Street **streetname**    Suburb **suburb**    Town/City **towncity**    Post Code **postcode**     GeoCode **geocode**    **addressmatchaccuracy**

## Case Identification

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

**NHI number\*** **NHINumber**    **Email** **Email**

**Current address\***    Number **houzenumber**    Street **streetname**    Suburb **suburb**    Town/City **towncity**    Post Code **postcode**     GeoCode **geocode**    **addressmatchaccuracy**

**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** **occupation\_place\_type**     Place of Work     School     Pre-school

**Name** **occupation\_place\_name**

**Address**    Number **houzenumber**    Street **streetname**    Suburb **suburb**    Town/City **towncity**    Post Code **postcode**     GeoCode **geocode**    **addressmatchaccuracy**

**Alternative location** **occupation\_place\_type**     Place of Work     School     Pre-school

**Name** **occupation\_place\_name**

**Address**    Number **houzenumber**    Street **streetname**    Suburb **suburb**    Town/City **towncity**    Post Code **postcode**     GeoCode **geocode**    **addressmatchaccuracy**

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

NZ European **EthNZEuropan**     Maori **EthMaori**     Samoan **EthSamoan**     Cook Island Maori **EthCookIslandMaori**  
 Niuean **EthNiuean**     Chinese **EthChinese**     Indian **EthIndian**     Tongan **EthTongan**  
 Other (such as Dutch, Japanese, Tokelauan)    \*(specify) **EthOther**    **EthSpecify1** \_\_\_\_\_    **EthSpecify2** \_\_\_\_\_

**Basis of Diagnosis****CLINICAL CRITERIA**Fits clinical description\* **FitClinDes**  Yes  No  Unknown**Clinical features\***Diarrhoea **Diarrhoea**  Yes  No  UnknownHaemorrhagic colitis (bloody diarrhoea) **HColitis**  Yes  No  UnknownHaemolytic uraemic syndrome (HUS) **HUS**  Yes  No  UnknownThrombotic thrombocytopenia purpura (TTP) **TTP**  Yes  No  Unknown**LABORATORY CRITERIA**Meets laboratory criteria\* **LabConf**  Yes  No  UnknownIsolation of Shiga toxin producing *E. coli* from a clinical specimen\* **Isolation**  Yes  No  Not Done  Awaiting ResultsDetection of the genes associated with the production of Shiga toxin in *E. coli* (PCR)\* **PCRGenes**  Yes  No  Not Done  Awaiting Results**STATUS\*** **Status**  Under investigation  Confirmed  Not a case**ADDITIONAL LABORATORY DETAILS**Organism serotype\* **AddLab** \_\_\_\_\_ESR Updated  **AutoUpdated** Laboratory **Laboratory** \_\_\_\_\_Date result updated **SampleDate** \_\_\_\_\_ Sample Number **SampleNumber** \_\_\_\_\_**Clinical Course and Outcome**Date of onset\* **OnsetDt** \_\_\_\_\_  Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**Hospitalised\* **Hosp**  Yes  No  UnknownDate hospitalised\* **HospDt** \_\_\_\_\_  Unknown **HospDtUnknown**Hospital\* **HospName** \_\_\_\_\_Died\* **Died**  Yes  No  UnknownDate died\* **DiedDt** \_\_\_\_\_  Unknown **DiedDtUnknown**Was this disease the primary cause of death?\* **DiedPrimary**  Yes  No  UnknownIf 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****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 <b>RwMlk</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	_____ <b>RWMLKSpec</b>	_____ <b>RWMLKBrand</b>	_____ <b>RWMLKSource</b>



**Risk Factors continued**

Have contact with a person with similar symptoms\* **Contact**  Yes  No  Unknown

If yes, specify\* Nature of contact\* **NatuContact** \_\_\_\_\_

Date of onset of illness in other case\* **ContOnset** \_\_\_\_\_ or  Unknown **ContOnsetUnknown**

**OVERSEAS TRAVEL**

Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?\* **Overseas**  Yes  No  Unknown

If yes, date arrived in New Zealand\* **ArriveNZ** \_\_\_\_\_

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

Country/Region	Date Entered	Date Departed
Last:* <b>LastCountry</b>	_____	_____
Second Last:* <b>SecCountry</b>	_____	_____
Third Last:* <b>ThirdCountry</b>	_____	_____

Last:\* **LastCountry** \_\_\_\_\_ **LastDtEntered** \_\_\_\_\_ **LastDtDeparted** \_\_\_\_\_

Second Last:\* **SecCountry** \_\_\_\_\_ **SecDtEntered** \_\_\_\_\_ **SecDtDeparted** \_\_\_\_\_

Third Last:\* **ThirdCountry** \_\_\_\_\_ **ThirdDtEntered** \_\_\_\_\_ **ThirdDtDeparted** \_\_\_\_\_

Did the case travel within New Zealand during the week before becoming ill?\* **TravNZ**  Yes  No  Unknown

Specify where in New Zealand the case travelled\* **TravNZSpec** \_\_\_\_\_

**OTHER**

Did the case have any contact with sewage during the week before becoming ill?\* **Sewage**  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?\* **Offal**  Yes  No  Unknown

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

**RiskSpec**

\_\_\_\_\_

**Management****CASE MANAGEMENT**

Case excluded from work or school, pre-school or childcare until well\* **Excluded**  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?\* **TestClear**  Yes  No  NA  Unknown

Number of contacts screened for infection as per local protocols\* **NoScreened** \_\_\_\_\_

Number of screened contacts that are identified with VTEC/STEC disease\* **NoVTEC** \_\_\_\_\_

**Comments\***

**Comments**