CASE REPORT FORM

Non seasonal influenza A(H1N1)

Non seasonal influenza

EpiSurv No. **EpiSurvNumber**

Disease Name

◯ Non seasonal influenza A (H1N1)

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 **housenumber** Street **streetname** Suburb **suburb**
Town/City **towncity** Post Code **postco...** ☐ GeoCode **geocode** **addressmatchaccuracy**

Case Identification

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

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

Current address*
Number **housenum...** 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 **housenumb...** 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 **housenumber** Street **streetname** Suburb **suburb**
Town/City **towncity** Post Code **postcode** ☐ GeoCode **geocode** **addressmatchaccuracy**

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, Tokelauan) *(specify)**EthOther** **EthSpecify1** **EthSpecify2**

Non seasonal influenza   EpiSurv No. **EpiSurvNumber**

Basis of Diagnosis

CLINICAL CRITERIA (refer to the current case definition)

Fits clinical description* **FitClinDes**   ⊙ Yes   ⊙ No   ⊙ Unknown

Pneumonia* **Pneumonia**   ⊙ Yes   ⊙ No   ⊙ Unknown

Respiratory Distress Syndrome (ARDS)* **ARDS**   ⊙ Yes   ⊙ No   ⊙ Unknown

Ventilation required* **VentReqd**   ⊙ Yes   ⊙ No   ⊙ Unknown

LABORATORY CRITERIA (refer to the current case definition)

Meets laboratory criteria for disease* **MeetsLabCriteria**   ⊙ Yes   ⊙ No   ⊙ Unknown

STATUS* **Status**   ⊙ Under investigation   ⊙ Probable   ⊙ Confirmed   ⊙ Not a case

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

Outbreak Details

Is this case part of an outbreak?   ☐ Yes **Outbrk**   If yes, specify outbreak number   **OutbrkNo**

Risk Factors

Does the case have any of the following factors that place them at the risk of severe complications?*

Immunosuppression (inc. cancer, HIV/AIDS, immunosuppressive therapy) **Immunosuppression** ⊙Y ⊙N ⊙U	Chronic respiratory conditions (inc. asthma or COPD) **Respiratory** ⊙Y ⊙N ⊙U	
Cardiac disease **Cardiac** ⊙Y ⊙N ⊙U	Diabetes mellitus **Diabetes** ⊙Y ⊙N ⊙U	
Haemoglobinopathies **Haemoglobinopathies** ⊙Y ⊙N ⊙U	Neurological **Neurological** ⊙Y ⊙N ⊙U	
Renal failure **RenalFailure** ⊙Y ⊙N ⊙U	Morbid obesity **MorbidObesity** ⊙Y ⊙N ⊙U	
Metabolic diseases **Metabolic** ⊙Y ⊙N ⊙U	Pregnancy **Pregnancy** ⊙Y ⊙N ⊙U	

Is the case a resident of an aged care facility?* **AgedCare**   ⊙ Yes   ⊙ No   ⊙ Unknown

Has the case had regular contact with infants or young children?* **ContactInfants**   ⊙ Yes   ⊙ No   ⊙ Unknown

Is the case a healthcare worker?* **HealthCareWorker**   ⊙ Yes   ⊙ No   ⊙ Unknown

If yes, specify   **HealthCareWorkerSpecify**

Other risk factors for disease*   **RiskSpec**

Protective Factors

Has the case had a seasonal influenza vaccination in the last 12 months?* **SeasVacc**   ⊙ Yes   ⊙ No   ⊙ Unknown

Did the case receive anti-virals?* **AntiVTmt**   ⊙ Yes   ⊙ No   ⊙ Unknown

Comments

Comments