

CASE REPORT FORM

Brucellosis

Brucellosis _____

EpiSurv No. _____

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

Case Identification

Name of case* Surname **Surname** _____ Given Name(s) **GivenName** _____NHI number* **NHINumber** _____ Email **Email** _____

Current address* Number _____ Street _____ Suburb _____
CaseAddress 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 UnknownOccupation* **Occupation** _____Occupation location **PlaceOfWork1Type** Place of Work School Pre-schoolName **PlaceOfWork1** _____

Address Number _____ Street _____ Suburb _____
PlaceOfWork1Address Town/City _____ Post Code _____ GeoCode _____

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

Name _____

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

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

- NZ European **EthNZEuroean** 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** _____

Brucellosis		EpiSurv No. _____			
Basis of Diagnosis					
CLINICAL CRITERIA					
Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)* FitClinDes		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
LABORATORY CRITERIA					
Meets laboratory criteria for disease* LabConf		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Isolation of <i>Brucella</i> from clinical specimen IsoSpecimen		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results
Detection of <i>Brucella</i> nucleic acid from clinical specimen NAATSpecimen		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results
Four-fold or greater rise in agglutination titre between acute and convalescent sera >= 2 weeks apart Titre4x		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results
(By: <input type="radio"/> ELISA <input type="radio"/> SAT <input type="radio"/> Coombs <input type="radio"/> IFA) TestSpec					
EPIDEMIOLOGICAL CRITERIA					
Contact with a laboratory-confirmed case* ContSource		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
CLASSIFICATION* Status		<input type="radio"/> Under investigation	<input type="radio"/> Probable	<input type="radio"/> Confirmed	<input type="radio"/> Not a case
ADDITIONAL LABORATORY DETAILS					
Species (specify)* Species _____					
Clinical Course and Outcome					
Date of onset* OnsetDt _____		<input type="checkbox"/> Approximate OnsetDtApprox	<input type="checkbox"/> Unknown OnsetDtUnknown		
Hospitalised* Hosp		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Date hospitalised* HospDt _____		<input type="checkbox"/> Unknown HospDtUnknown			
Hospital* _____					
Died* Died		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Date died* DiedDt _____		<input type="checkbox"/> Unknown DiedDtUnknown			
Was this disease the primary cause of death?* DiedPrimary		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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)?*					
<input type="checkbox"/> Yes Outbrk		If yes, specify Outbreak No.* OutbrkNo _____			
Risk Factors					
Occupational exposure to animals or animal products in 3 months before illness* ExpAnimal		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
If yes, specify exposure in detail:* ExpAnimalSpec _____					
If yes, was this exposure in NZ?* ExpAnimNZ		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Consumption of unpasteurised milk or milk products in 3 months before illness* RawMilk		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
If yes, specify exposure in detail:* RawMilkSpec _____					
If yes, was this exposure in NZ?* RawMilkNZ		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	

Brucellosis	EpiSurv No. _____																
Risk Factors continued																	
<p>Was the case overseas during the incubation period* (range 5-60 days) for brucellosis? Overseas <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p style="padding-left: 40px;">If yes, date arrived in New Zealand* DtArrived _____</p> <p>Specify countries visited* (from most recent to least recent)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Country</th> <th style="width: 20%; text-align: center;">Date Entered</th> <th style="width: 20%; text-align: center;">Date Departed</th> </tr> </thead> <tbody> <tr> <td>Last:</td> <td>LastCountry _____</td> <td>LastDtEntered _____</td> <td>LastDtDeparted _____</td> </tr> <tr> <td>Second Last:</td> <td>SecCountry _____</td> <td>SecDtEntered _____</td> <td>SecDtDeparted _____</td> </tr> <tr> <td>Third Last:</td> <td>ThirdCountry _____</td> <td>ThirdDtEntered _____</td> <td>ThirdDtDeparted _____</td> </tr> </tbody> </table> <p>If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* PriorTravel <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p style="padding-left: 40px;">If yes, specify* PriorSpec _____</p> <p>Other risk factors for disease* RiskSpec _____</p>			Country	Date Entered	Date Departed	Last:	LastCountry _____	LastDtEntered _____	LastDtDeparted _____	Second Last:	SecCountry _____	SecDtEntered _____	SecDtDeparted _____	Third Last:	ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____
	Country	Date Entered	Date Departed														
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Third Last:	ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____														
Management																	
CASE MANAGEMENT																	
<p>Case reported to Ministry of Health for coordination of notification and investigation with MAF* MAFReport <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>																	
Comments*																	
<p>Comments</p>																	