

CASE REPORT FORM

Invasive Group A Streptococcal Infection

	EpiSurv No. <input style="width: 80%;" type="text"/>
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Reporting Authority

Name of Public Health Officer responsible for case **OfficerName**

Notifier Identification (i)

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
GPAAddress
 Town/City Post Code GeoCode

Case Identification (i)

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
 Unknown

Occupation* **Occupation**

Occupation location **PlaceOfWork1Type**
 Place of Work
 School
 Pre-school

Name **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) (i)

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

Invasive group A streptococcal infection		EpiSurv No.			
Basis of Diagnosis					
CLINICAL CRITERIA					
Fits clinical description*	FitClinDes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Clinical features					
Sepsis/septic shock*	Sepsis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Streptococcal toxic shock syndrome*	STSS	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Cellulitis*	Cellulitis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Necrotising fasciitis*	NecFasc	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Osteomyelitis*	Osteomylts	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Septic arthritis*	SepticArthritis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Pneumonia*	Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Empyema*	Empyema	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Meningitis*	Meningitis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Peripartum infection*	PeripartInf	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Neonatal sepsis*	NeontSepsis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	
Other invasive illness*	OthInvas	(specify) _____			
LABORATORY CRITERIA					
Isolation of group A <i>Streptococcus</i> (<i>Streptococcus pyogenes</i>) from a clinical specimen*	Isolation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results
If yes, site					
Sterile site					
IsolSite	<input type="radio"/> Blood	<input type="radio"/> Pleural fluid	IsolSite		
IsolSite	<input type="radio"/> CSF	<input type="radio"/> Peritoneal fluid	IsolSite		
IsolSite	<input type="radio"/> Joint fluid	<input type="radio"/> Pericardial fluid	IsolSite		
IsolSite	<input type="radio"/> Bone				
IsolSite	<input type="radio"/> Tissue (specify)	IsolTissue	_____		
IsolSite	<input type="radio"/> Other sterile site (specify)	IsolOthSterile	_____		
Non-sterile site					
IsolSite	<input type="radio"/> Non sterile site (specify)	IsolNonSterile	_____		
Detection of group A <i>Streptococcus</i> (<i>Streptococcus pyogenes</i>) nucleic acid*	NAAT	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done	<input type="radio"/> Awaiting Results
If yes, site					
NAATSite	<input type="radio"/> Throat				
NAATSite	<input type="radio"/> Sputum				
NAATSite	<input type="radio"/> Blood				
NAATSite	<input type="radio"/> Other (specify site)	NAATOther	_____		
CLASSIFICATION* Status <input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case i					
ADDITIONAL LABORATORY DETAILS					
emm type:*	emmType	_____			

Invasive group A streptococcal infection		EpiSurv No. <input type="text"/>	
Clinical Course and Outcome			
Date of onset*	OnsetDt <input type="text"/>	OnsetDtApprox <input type="checkbox"/> Approximate	OnsetDtUnknown <input type="checkbox"/> Unknown
Hospitalised*	Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Date hospitalised*	HospDt <input type="text"/>	HospDtUnknown <input type="checkbox"/> Unknown	
Hospital*	HospName <input type="text"/>		
Died*	Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Date died*	DiedDt <input type="text"/>	DiedDtUnknown <input type="checkbox"/> Unknown	
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 <input type="text"/>		
Additional Outcome details			
Was the case in ICU?*	ICU <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
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)?*			
Outbrk <input type="checkbox"/> Yes	If yes, specify Outbreak No.*	OutbrkNo <input type="text"/>	
Risk Factors			
In the 30 days before onset, did the case:			
Attend school, pre-school or childcare?*	AttendSch <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Use injectable drugs?*	IDUse <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Experience homelessness?* i	Homeless <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Live or work in a residential institution?*	ResidInst <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Have close contact with a confirmed or probable case of iGAS?*	OContCase <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
EpiSurv number of case*	CountID <input type="text"/>		
Other risk factor for iGAS infection?*	RiskOthSpecify <input type="text"/>		
Management			
CONTACT MANAGEMENT			
Type of contact	Number identified	Number offered antibiotics	Number given antibiotics
Birthing parent	NoParent <input type="text"/>	NoParentAbx <input type="text"/>	NoParentGivAbx <input type="text"/>
Neonate(s)	NoNeonate <input type="text"/>	NoNeonateAbx <input type="text"/>	NoNeonateGivAbx <input type="text"/>
Other (eg household or institutional contacts) (specify) OtherContact <input type="text"/>	NoOther <input type="text"/>	NoOtherAbx <input type="text"/>	NoOtherGivAbx <input type="text"/>
Comments Comments			
<input type="text"/>			