

**CASE REPORT FORM****Non seasonal influenza A(H7N9)**

Non seasonal influenza A(H7N9)

EpiSurv No. \_\_\_\_\_

**Reporting Authority**Name of Public Health Officer responsible for case **OfficerName** \_\_\_\_\_**Notifier Identification**Reporting source\*  General Practitioner  Hospital-based Practitioner  Laboratory**ReportSrc** Self-notification  Outbreak Investigation  OtherName of reporting source **ReportName** \_\_\_\_\_Organisation **ReportOrganisation** \_\_\_\_\_Date reported\* **ReportDate** \_\_\_\_\_Contact phone **ReportPhone** \_\_\_\_\_Usual GP **UsualGP** \_\_\_\_\_Practice **GPPpracticeName** \_\_\_\_\_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 **EthNZEuropan**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** \_\_\_\_\_

| <b>Non seasonal influenza A(H7N9)</b>   | EpiSurv No. _____ |
|---|-------------------|
| <b>Basis of Diagnosis</b>   |                   |
| <b>CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)</b>   |                   |
| <b>Symptoms*</b> <input type="checkbox"/> Fever > 38°C <span style="color: red;">FeverGT38</span> <input type="checkbox"/> Cough <span style="color: red;">Cough</span> <input type="checkbox"/> Shortness of breath <span style="color: red;">ShBreath</span> <input type="checkbox"/> Sore throat <span style="color: red;">SoreThroat</span> |                   |
| <b>Other symptoms (e.g. diarrhoea), specify*</b> <span style="color: red;">OthSymSpec</span> _____  |                   |
| <b>Pneumonia*</b> <span style="color: red;">Pneumonia</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   |                   |
| <b>Radiological/imaging evidence of pneumonia*</b> <span style="color: red;">RadEvidPneu</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown  |                   |
| <b>Respiratory Distress Syndrome (ARDS)*</b> <span style="color: red;">ARDS</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   |                   |
| <b>Ventilation required*</b> <span style="color: red;">VentReqd</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   |                   |
| <b>LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)</b>   |                   |
| <b>Specify form of lab confirmation (tick all that apply)*</b>  |                   |
| Positive PCR test* <span style="color: red;">PCR</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results  |                   |
| Positive immunofluorescence assay (IFA)* <span style="color: red;">PosIFA</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results   |                   |
| Isolation of organism from clinical specimen* <span style="color: red;">Isolation</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results   |                   |
| Positive haemagglutination inhibition test (HAI)* <span style="color: red;">HAI</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results   |                   |
| Positive influenza sequencing* <span style="color: red;">Sequencing</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results   |                   |
| Other positive test* (specify*) <span style="color: red;">OthPosTest</span> <input type="checkbox"/> <span style="color: red;">OthPosSpec</span> _____  |                   |
| If none, have other respiratory pathogens been excluded?* <span style="color: red;">RespPathsExc</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  |                   |
| <b>Confirmation of disease by WHO National Influenza Centre*</b> <span style="color: red;">LabConf</span>   |                   |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results <input type="radio"/> Unknown  |                   |
| <b>EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)</b>  |                   |
| <b>In the 14 days prior to onset of symptoms did the case</b>   |                   |
| Travel to area with confirmed cases* <span style="color: red;">EpiTravel</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  |                   |
| Have close contact with a laboratory-confirmed case* <span style="color: red;">EpiCont</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  |                   |
| Nature of contact with laboratory-confirmed case* <span style="color: red;">EpiContNature</span> _____  |                   |
| <b>CLASSIFICATION*</b> <span style="color: red;">Status</span> <input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case  |                   |
| <b>ADDITIONAL LABORATORY DETAILS</b>  |                   |
| <b>Susceptibility testing results</b>   |                   |
| Oseltamivir phosphate (Tamiflu®) <span style="color: red;">SusOseltamivir</span> <input type="radio"/> Susceptible <input type="radio"/> Resistant  |                   |
| Zanamivir (Relenza®) <span style="color: red;">SusZanamivir</span> <input type="radio"/> Susceptible <input type="radio"/> Resistant  |                   |
| <b>Clinical Course and Outcome</b>  |                   |
| <b>Date of onset*</b> <span style="color: red;">OnsetDt</span> _____ <input type="checkbox"/> Approximate <span style="color: red;">OnsetDtApprox</span> <input type="checkbox"/> Unknown <span style="color: red;">OnsetDtUnknown</span>   |                   |
| <b>Hospitalised*</b> <span style="color: red;">Hosp</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   |                   |
| <b>Date hospitalised*</b> <span style="color: red;">HospDt</span> _____ <input type="checkbox"/> Unknown <span style="color: red;">HospDtUnknown</span>   |                   |
| <b>Hospital*</b> <span style="color: red;">Hospital</span> _____  |                   |
| <b>Died*</b> <span style="color: red;">Died</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   |                   |
| <b>Date died*</b> <span style="color: red;">DiedDt</span> _____ <input type="checkbox"/> Unknown <span style="color: red;">DiedDtUnknown</span>   |                   |
| <b>Was this disease the primary cause of death?*</b> <span style="color: red;">DiedPrimary</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  |                   |
| <b>If no, specify the primary cause of death*</b> <span style="color: red;">DiedOther</span> _____  |                   |

|   |   |   |  |
|---|---|---|--|
| <b>Non seasonal influenza A(H7N9)</b>   |   | EpiSurv No. _____   |  |
| <b>Outbreak Details</b>   |   |   |  |
| 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.* _____   |  |
| <b>Risk Factors</b>   |   |   |  |
| Was the case overseas during the incubation period for this disease?* Overseas <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown     |   |   |  |
| If yes, date arrived in New Zealand* DtArrived _____  |   | *Flight/Voyage No. Flight _____   |  |
| <b>Specify countries visited (from most recent to least recent)*</b>  |   |   |  |
| Sequence  | Country/Region  | Date Entered  | Date Departed  |
| Last:*  | LastCountry _____   | LastDtEntered _____   | LastDtDeparted _____   |
| Second Last:*   | SecCountry _____  | SecDtEntered _____  | SecDtDeparted _____  |
| Third Last:*  | ThirdCountry _____  | ThirdDtEntered _____  | ThirdDtDeparted _____  |
| During the time overseas did the case visit any place where close contact with birds was possible or visit an environment contaminated with bird faeces?* PossCont  |   |   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| If yes, did the case have close contact with or handle birds?* ContBird   |   |   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| <b>During the previous 14 days did the case have contact in New Zealand with:*</b>  |   |   |  |
| a)  | Raw bird meat or other avian products?* RawBird   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                      |  |
| b)  | Any domestic birds (e.g. birds that are commonly reared for their flesh, eggs, feathers or fighting, and kept in a yard or similar enclosure), wild birds, or other at risk animals?* DomBird | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                      |  |
| During the previous 14 days was the case a worker in or visitor to a laboratory where avian influenza viral samples are tested?* LabWorker                          |   |   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Specify details of any contact* LabContDetails _____  |   |   |  |
| <b>Does the case have any of the following factors that place them at the risk of severe complications?*</b>  |   |   |  |
| Immunosuppression (inc. cancer, HIV/AIDS) Immunosupp  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U   | Chronic respiratory conditions Respiratory  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U          |
| Cardiac disease Cardiac   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U   | Diabetes mellitus Diabetes  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U          |
| Haemoglobinopathies Haemoglob   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U   | Neurological Neurological   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U          |
| Renal failure RenalFailure  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U   | Morbid obesity MorbidObesity  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U          |
| Metabolic diseases Metabolic  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U   | Pregnancy Pregnancy   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U          |
| Other risk factors for disease* RiskSpec _____  |   |   |  |
| <b>Protective Factors</b>   |   |   |  |
| Has the case had a seasonal influenza vaccination in the last 12 months?* SeasVacc <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |   |   |  |
| If yes, specify date of last vaccination* DtSeasVacc _____  |   |   |  |
| <b>Management</b>   |   |   |  |
| <b>CASE MANAGEMENT / CONTROL</b>  |   |   |  |
| Was the case excluded from work or school, pre-school or childcare for the appropriate period?* Excluded  |   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown |  |
| Was appropriate infection prevention and control advice given?* InfCtlAdv   |   | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                      |  |

| <b>Non seasonal influenza A(H7N9)</b>   |  | EpiSurv No. _____                   |
|---|--|-------------------------------------|
| <b>Management continued</b>   |  |                                     |
| <b>ISOLATION</b>  |  |                                     |
| <input type="checkbox"/> Verbal request from PHU <b>VerbalRequest</b>   | Date of request <b>VerbalRequestDate</b>   | Requested by <b>VerbalRequestBy</b> |
| <input type="checkbox"/> Isolation order (under s. 79) <b>IsolationOrder</b>  | Date served <b>IsolationOrderDate</b>  | Served by <b>IsolationOrderBy</b>   |
| <b>Isolation</b> <b>IsolationType</b> <input type="radio"/> No isolation <input type="radio"/> Home <input type="radio"/> Facility, specify <b>IsolationFacility</b>    |  |                                     |
| If isolated, date isolated from <b>IsolatedFromDate</b> _____ date isolated to <b>IsolatedToDate</b> _____  |  |                                     |
| <b>Notes</b> <b>IsolationNotes</b>  |  |                                     |
| <b>CONTACT MANAGEMENT</b>   |  |                                     |
| <b>Contact Type*</b>  | No. identified   | No. with symptoms                   |
| Household*  | <b>HHNumId</b>   | <b>HHNumSym</b>                     |
| Workplace*  | <b>WPNumId</b>   | <b>WPNumSym</b>                     |
| Education setting*  | <b>ECNumId</b>   | <b>ECNumSym</b>                     |
| Healthcare setting*   | <b>HCNumId</b>   | <b>HCNumSym</b>                     |
| Other, specify* <b>OthContSetting</b>   | <b>OthNumId</b>  | <b>OthNumSym</b>                    |
|   | <b>HHNumCoun</b>   | <b>HHNumProph</b>                   |
|   | <b>WPNumCoun</b>   | <b>WPNumProph</b>                   |
|   | <b>ECNumCoun</b>   | <b>ECNumProph</b>                   |
|   | <b>HCNumCoun</b>   | <b>HCNumProph</b>                   |
|   | <b>OthNumCoun</b>  | <b>OthNumProph</b>                  |
|   | <b>HHNumVerbal</b>   | <b>HHNumOrder</b>                   |
|   | <b>WPNumVerbal</b>   | <b>WPNumOrder</b>                   |
|   | <b>ECNumVerbal</b>   | <b>ECNumOrder</b>                   |
|   | <b>HCNumVerbal</b>   | <b>HCNumOrder</b>                   |
|   | <b>OthNumVerbal</b>  | <b>OthNumOrder</b>                  |
| <b>ANTI-VIRAL STATUS</b>  |  |                                     |
| <b>Did the case receive anti-virals?*</b> <b>AntiVTmt</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                              |  |                                     |
| If yes,   |  |                                     |
| a) specify purpose of anti-viral administration* <b>AntiVPurpose</b>  |  |                                     |
| <input type="radio"/> Pre-exposure prophylaxis <input type="radio"/> Post-exposure prophylaxis <input type="radio"/> Treatment <input type="radio"/> Unknown            |  |                                     |
| If pre-exposure prophylaxis, did the case take any of the following medications during the 14 days prior to onset of symptoms?*   |  |                                     |
| <b>Medication</b>   | <b>If yes, was the medication taken every day during this 14 day period?</b>                             | <b>Date started</b>                 |
| <input type="checkbox"/> Oseltamivir phosphate (Tamiflu®)* <b>Oseltamivir</b>   | <b>EvDayOseltamivir</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | <b>DtOseltamivir</b> _____          |
| <input type="checkbox"/> Zanamivir (Relenza®)* <b>Zanamivir</b>   | <b>EvDayZanamivir</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown   | <b>DtZanamivir</b> _____            |
| <input type="checkbox"/> Amantadine (Symmetrel®)* <b>Amantadine</b>   | <b>EvDayAmantadine</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown  | <b>DtAmantadine</b> _____           |
| <input type="checkbox"/> Rimantadine (Flumadine®)* <b>Rimantadine</b>   | <b>EvDayRimantadine</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | <b>DtRimantadine</b> _____          |
| b) specify source of anti-viral supply* <b>AntiVSource</b>  |  |                                     |
| <input type="radio"/> Personal store <input type="radio"/> National stockpile <input type="radio"/> Unknown   |  |                                     |
| <b>If treatment was considered and not given, specify reason*</b> <b>AntiVNonTmt</b>  |  |                                     |
| <input type="radio"/> Does not meet case definition <input type="radio"/> Outside window for treatment <input type="radio"/> Unknown                                    |  |                                     |
| <b>ANTIBIOTIC STATUS</b>  |  |                                     |
| <b>Has the case been given antibiotic treatment for this illness?*</b> <b>AntiBTmt</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |  |                                     |
| If yes, specify antibiotic type given* <b>AntiBTypeSpecify</b> _____  |  |                                     |
| <b>Comments*</b>  |  |                                     |
| <b>Comments</b>   |  |                                     |