

CASE REPORT FORM

Tuberculosis

	EpiSurv No. <input style="width: 50px;" type="text"/>
Disease Name ?	
<input type="radio"/> Tuberculosis disease - new case <input type="radio"/> Tuberculosis disease - relapse or reactivation <input type="radio"/> Latent tuberculosis infection (patient consent required) <input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)	
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName <input style="width: 150px;" type="text"/>	
Notifier Identification i	
Reporting source* ReportSrc <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source ReportName <input style="width: 50px;" type="text"/> Organisation ReportOrganisation <input style="width: 100px;" type="text"/>	
Date reported* ReportDate <input style="width: 50px;" type="text"/> Contact phone ReportPhone <input style="width: 50px;" type="text"/>	
Usual GP UsualGP <input style="width: 50px;" type="text"/> Practice GPPracticeName <input style="width: 50px;" type="text"/> GP phone GPPhone <input style="width: 50px;" type="text"/>	
GP/Practice address Number <input style="width: 30px;" type="text"/> Street <input style="width: 100px;" type="text"/> Suburb <input style="width: 50px;" type="text"/> GPAddress Town/City <input style="width: 100px;" type="text"/> Post Code <input style="width: 30px;" type="text"/> <input type="checkbox"/> GeoCode	
Case Identification i	
Name of case* Surname Surname <input style="width: 50px;" type="text"/> Given Name(s) GivenName <input style="width: 100px;" type="text"/>	
NHI number* NHINumber <input style="width: 50px;" type="text"/> Email Email <input style="width: 100px;" type="text"/>	
Current address* Number <input style="width: 30px;" type="text"/> Street <input style="width: 100px;" type="text"/> Suburb <input style="width: 50px;" type="text"/> CaseAddress Town/City <input style="width: 100px;" type="text"/> Post Code <input style="width: 30px;" type="text"/> <input type="checkbox"/> GeoCode	
Phone (home) PhoneHome <input style="width: 30px;" type="text"/> Phone (work) PhoneWork <input style="width: 30px;" type="text"/> Phone (other) PhoneOther <input style="width: 30px;" type="text"/>	
Case Demography	
Location TA* TA <input style="width: 50px;" type="text"/> DHB* DHB <input style="width: 50px;" type="text"/>	
Date of birth* DateOfBirth <input style="width: 50px;" type="text"/> OR Age Age <input style="width: 30px;" type="text"/> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits	
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* Occupation <input style="width: 150px;" type="text"/>	
Occupation location PlaceOfWork1Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name PlaceOfWork1 <input style="width: 150px;" type="text"/>	
Address Number <input style="width: 30px;" type="text"/> Street <input style="width: 100px;" type="text"/> Suburb <input style="width: 50px;" type="text"/> PlaceOfWork1Address Town/City <input style="width: 100px;" type="text"/> Post Code <input style="width: 30px;" type="text"/> <input type="checkbox"/> GeoCode	
Alternative location PlaceOfWork2Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <input style="width: 150px;" type="text"/>	
Address Number <input style="width: 30px;" type="text"/> Street <input style="width: 100px;" type="text"/> Suburb <input style="width: 50px;" type="text"/> PlaceOfWork2Address Town/City <input style="width: 100px;" type="text"/> Post Code <input style="width: 30px;" type="text"/> <input type="checkbox"/> GeoCode	
Ethnic group case belongs to* (tick all that apply) i	
<input type="checkbox"/> NZ European EthNZEuropean <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoa <input type="checkbox"/> Cook Island Maori EthCookIslandMaori	
<input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan	
<input type="checkbox"/> Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 <input style="width: 50px;" type="text"/> EthSpecify2 <input style="width: 50px;" type="text"/>	

Tuberculosis	EpiSurv No. <input style="width: 80%;" type="text"/>
Basis of Diagnosis	
LABORATORY CRITERIA i	
Meets laboratory criteria for disease* LabConf	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Demonstration of acid-fast bacilli in a clinical specimen AcidFast	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify site AcidFSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) AcidFSiteSpec <input style="width: 50px;" type="text"/>
Isolation of <i>Mycobacterium tuberculosis</i> , or <i>M. bovis</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, specify site IsoSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) IsoSiteSpec <input style="width: 50px;" type="text"/>
Demonstration of <i>M. tuberculosis</i> nucleic acid (PCR or LCR only) PCR	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify site PCRSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) PCRSiteSpec <input style="width: 50px;" type="text"/>
Histology strongly suggestive of tuberculosis Histology	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
MANTOUX STATUS	
Mantoux tests done* ManTest	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Date* <input style="width: 100px;" type="text"/> mm induration* <input style="width: 50px;" type="text"/> mm	Date* <input style="width: 100px;" type="text"/> mm induration* <input style="width: 50px;" type="text"/> mm
ManDate1 <input style="width: 100px;" type="text"/> Manmm1 <input style="width: 50px;" type="text"/>	ManDate2 <input style="width: 100px;" type="text"/> Manmm2 <input style="width: 50px;" type="text"/>
Mantoux status* (tick most appropriate - must use definitions in TB guidelines) ManStatus	
<input type="radio"/> Mantoux Negative <input type="radio"/> Mantoux Positive <input type="radio"/> Mantoux Converted <input type="radio"/> Mantoux Unknown	
IGRA STATUS	
Test done* IGRATestDone	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
If yes, result IGRATestResult	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate
OTHER CRITERIA	
Treatment for presumptive TB* TmtPresumptive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Interim treatment for presumptive LTBI in children < 5 years* TmtPresLTBI	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
STATUS* <input type="radio"/> Under investigation <input type="radio"/> Probable - presumptive <input type="radio"/> Confirmed <input type="radio"/> Not a case i	
Status	(no laboratory confirmation) (laboratory confirmation)
PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)	
Date of first tuberculosis diagnosis* <input style="width: 100px;" type="text"/>	Name of doctor* <input style="width: 100px;" type="text"/>
DateFirstTB	DrTBDig
Place where diagnosis made (town/city/country)* PlaceTBDig <input style="width: 100%; height: 20px;" type="text"/>	
Was diagnosis confirmed by laboratory testing?* TBDigLab	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Was the case treated?* CaseTreat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, duration of treatment* DurTreat <input style="width: 50px;" type="text"/> months	
ADDITIONAL CLINICAL DETAILS	
Site of disease (disease only)	
Pulmonary* Pulmon	<input type="radio"/> Yes <input type="radio"/> No
If yes,	
Radiology* Radiology	<input type="radio"/> Normal <input type="radio"/> Active TB <input type="radio"/> TB of Uncertain Activity <input type="radio"/> Not Done <input type="radio"/> Unknown
Evidence of cavity formation* EvidOfCavity	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Tuberculosis	EpiSurv No. _____
Basis of Diagnosis (continued)	
Extrapulmonary* Extrapulm <input type="radio"/> Yes <input type="radio"/> No	
If yes, tick all that apply*	
<input type="checkbox"/> Lymph node (excl abdomen) LymphNode	<input type="checkbox"/> Pleural Pleural
<input type="checkbox"/> Bone/joint BoneJoint	<input type="checkbox"/> Intraabdominal (excl renal) Intraabdominal
<input type="checkbox"/> Soft tissue/skin SoftSkinTissue	<input type="checkbox"/> CNS TB (including meningitis) CNSTB
<input type="checkbox"/> Other site, specify OtherExtraPulmonarySiteSpe _____	<input type="checkbox"/> MiliaryTB MiliaryTB
	<input type="checkbox"/> Renal/genitourinary tract RenalUrinaryTract
How was case/infection discovered?* HowDisc	
<input type="radio"/> Contact follow-up	<input type="radio"/> Immigrant/refugee screening
<input type="radio"/> Other (specify) HowDiscSpec _____	<input type="radio"/> Attended practitioner with symptoms
	<input type="radio"/> Unknown
ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and ESR UPDATED)	
Mycobacterial species OrganIsol <input type="radio"/> <i>Mycobacterium tuberculosis</i> <input type="radio"/> <i>M. bovis</i>	
	<input type="radio"/> Other (*specify) OrganIsolSpec _____
Susceptibility testing results	
Isoniazid (0.1 mg/L) IsoniazidLow	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Isoniazid (0.4 mg/L) IsoniazidHigh	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Rifampicin Rifampicin	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Ethambutol Ethambutol	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Pyrazinamide Pyrazinamide	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Streptomycin Streptomycin	<input type="radio"/> Susceptible <input type="radio"/> Resistant
<i>Other antibiotics (specify)</i>	
Antibiotic1 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic2 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic3 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic4 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic5 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic6 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Antibiotic7 _____	<input type="radio"/> Susceptible <input type="radio"/> Resistant
Specimen details Date specimen taken SusDateSpecimenTaken _____ Specimen number SusSpecimenNumber _____	
SusAutoUpdated <input type="checkbox"/> Reference laboratory SusReferenceLaboartory _____ Date results updated SusDateUpdated _____	
Molecular Typing DNACode _____	
MIRU MIRU _____	RFLP RFLP _____ ClusterID ClusterID _____
TypingAutoUpdated <input type="checkbox"/> Date Results Updated TypingDateUpdated _____ Specimen Number TypingSpecimenNumber _____	
Clinical Course and Outcome	
Date of onset* OnsetDt _____ <input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown	
<input type="checkbox"/> Asymptomatic Asymptomatic	
Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date hospitalised* HospDt _____ <input type="checkbox"/> Unknown HospDtUnknown	
Hospital* HospName _____	

Tuberculosis		EpiSurv No. <input type="text"/>	
Clinical Course and Outcome continued			
Died* Died	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date died* DiedDt	<input type="text"/>	<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 <input type="text"/>			
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 <input type="text"/>			
Risk Factors			
Has HIV test been performed* HIVTest	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* Immunoll	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify ImmunollSpecify <input type="text"/>			
Immunosuppressive medication* ImmunoMed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Contact with a confirmed case of tuberculosis* ContCase	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify nature of contact* ContSpec <input type="text"/>			
If yes, did contact occur within New Zealand* ContNZ			
If yes, specify name of case* ContNZName <input type="text"/>			
Born outside New Zealand* BornOutNZ	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify country of birth* BrtCountry <input type="text"/>			
If yes, date of arrival in NZ* ArrivDate <input type="text"/>			
<input type="checkbox"/> Unknown ArrivDateUnknown			
Current or recent residence in a household with a person(s) born outside New Zealand* CurrResid	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify country of birth* OthCountry <input type="text"/>			
Exposure in health care setting* ExpHlth	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify exposure* ExpHlthSpec <input type="text"/>			
Current or recent residence in an institution (e.g. prison)* Instute	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify details* InstuteSpec <input type="text"/>			
Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* ExpCattle	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
*If yes, specify exposure in detail CattleSpec <input type="text"/>			
Other risk factors for tuberculosis* RiskOthSpecify			
(specify*) <input type="text"/>			

Protective Factors

At any time prior to onset, had the case been immunised with BCG vaccine?* **BCGVacc** Yes No Unknown

If yes, specify date given* **BCGDate** Unknown **BCGDateUnknown**

If yes, how was this confirmed* **BCGConf** Scar Patient/Caregiver recall Documented Unknown

Management

CASE MANAGEMENT

Under specialist care* **SpeclstCare** Yes No Unknown

Name of specialist* **SpeclstName**

Did the case receive treatment?* **ReceivedTreat** Yes Treatment declined Treatment inappropriate Unknown

If yes

Date treatment started* **StDateTmt** Unknown **StDateTmtUnknown**

Date treatment ended in NZ* **EndDateNZTmt** Unknown **EndDateNZTmtUnknown**

Was treatment interrupted?* **TmtInterrupted** Yes No Unknown

If yes

Reason treatment ended* **ReasonTmtEnded** [i](#)

Tmt completed to the satisfaction of the prescribing doctor Transferred to overseas medical care
 Went overseas (medical care not transferred or unknown) Died
 Refused to complete treatment Stopped treatment because of adverse effects
 Stopped due to pregnancy Lost to follow up
 Discontinuation of interim treatment for LTBI (child <5 years) Reason unknown

Did case receive DOT throughout the intensive phase of treatment?* **DOTThrOutIntensive** Yes No Unknown

Did case receive DOT throughout the course of treatment?* **DOTThrOut** Yes No Unknown

CONTACT MANAGEMENT (disease only)

Did case have any contacts at risk of infection?* **RiskInfect** Yes No Unknown [i](#)

If yes, type of contact: Number Identified

Close contacts* **CloseCont**

Casual contacts* **CasualCont**

Comments*

Comments