CASE REPORT FORM Generic

EpiSurv No.

Disease Name

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source **Organisation**

Date reported* **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb

Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb

Town/City Post Code ☐ GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

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

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

EpiSurv No. _____

Basis of Diagnosis

CLINICAL CRITERIA (refer to case definition)

Fits Clinical Description* ○ Yes ○ No ○ Unknown

If Leprosy, clinical form* ○ Tuberculoid (TT) ○ Borderline (BB) ○ Lepromatous (LL)

If Hydatid disease, Radiological/Imaging evidence of characteristic cystic disease* ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA (refer to case definition)

Laboratory confirmation of disease* ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify form of lab confirmation (tick all that apply)*

Isolation of organism from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Detection of organism by NAAT from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Positive IgM antibody ○ Yes ○ No ○ Not Done ○ Awaiting Results

Significant rise in antibody level ○ Yes ○ No ○ Not Done ○ Awaiting Results

Other positive test* _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Contact with a laboratory confirmed case of the same disease* ○ Yes ○ No ○ Unknown

CLASSIFICATION* ○ Under investigation ○ Probable ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

If Leprosy, acid bacilli result* ○ Multibacillary ○ Paucibacillary

Other lab details:* _____

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* _____ ☐ Unknown

Hospital* _____

Died* ○ Yes ○ No ○ Unknown

Date died* _____ ☐ Unknown

Was this disease the primary cause of death?* ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death*

_____

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)?*

☐ Yes **If yes, specify Outbreak No.*** _____

Risk Factors

Occupational exposure to disease reservoir* ○ Yes ○ No ○ Unknown

If yes specify exposure in detail:* _____

Attendance at school, pre-school or childcare* ○ Yes ○ No ○ Unknown

EpiSurv No. _____

Risk Factors continued

Was the case overseas during the incubation period for this disease* ○ Yes ○ No ○ Unknown
(refer to the Manual for Public Health surveillance in New Zealand or specific Ministry of Health guidance for incubation periods)

If yes, date arrived in New Zealand* _____

Specify countries visited* (from most recent to least recent)

	Country/Region	Date Entered	Date Departed
Last:			
Second Last:			
Third Last:			

If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* ○ Yes ○ No ○ Unknown

If yes, specify* _____

Other risk factors for disease* _____

Source

Was a source *confirmed* by:*

a) Epidemiological evidence* ○ Yes ○ No ○ Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* ○ Yes ○ No ○ Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source:* _____

If not, were any probable sources identified?* ○ Yes ○ No ○ Unknown

If yes, specify probable source(s):* _____

Protective Factors

Prior to onset, had the case been immunised with appropriate vaccine?* ○ Yes ○ No ○ NA ○ Unknown

If yes, specify date of last vaccination* _____

If yes, how was vaccination status confirmed* ○ Patient/Caregiver recall ○ Documented ○ NA ○ Unknown

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare for an appropriate period ○ Yes ○ No ○ NA ○ Unknown

CONTACT MANAGEMENT

Number of contacts identified (if applicable) _____

Number of contacts followed up according to national or local protocols (if applicable) _____

Comments*