

## GENERIC

Refer to the latest [Communicable Disease Control Manual](#) (Ministry of Health publication) for clinical descriptions, laboratory confirmation criteria and case classifications. A list of notifiable diseases recorded on the Generic Case Report Form with links to the relevant sections of the latest Communicable Disease Control Manual is provided in the Appendix.

### Disease name

Disease	Select the name of the disease from the list of options provided.
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### Basis of diagnosis

<b>Clinical criteria</b>	
Fits clinical description	Select the 'Yes' option if the case fits the clinical description. Refer to the latest <a href="#">Communicable Disease Control Manual</a> (Ministry of Health publication) for relevant clinical descriptions. If not known or unavailable then select the 'Unknown' option.
Clinical form for leprosy	If the disease being notified is leprosy, indicate whether tuberculoid, borderline or lepromatous.
Radiological/imaging evidence if hydatid disease	If the disease being notified is hydatid disease, indicate whether there was any radiological or other organ imaging evidence of characteristic disease. If not known or unavailable then select the 'Unknown' option.
<b>Laboratory criteria</b>	
Laboratory confirmation of disease	Indicate if the case meets the laboratory confirmation criteria for the disease. If not, select the 'No' option. If no laboratory tests were carried out, select 'Not Done'. If the results of the laboratory test are not yet available, select 'Awaiting results'  Refer to the latest <a href="#">Communicable Disease Control Manual</a> for laboratory confirmation criteria.
Laboratory results	If the laboratory test results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out, select 'Not Done'. Specify any other tests that were carried out but are not listed.
<b>Epidemiological criteria</b>	
Contact with confirmed case	Indicate whether the case had contact with a laboratory confirmed case of the specified disease. If not known or unavailable then select the 'Unknown' option.

### Classification

Classification	Refer to the latest <a href="#">Communicable Disease Control Manual</a> for case classifications.
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## Additional laboratory details

Acid fast bacilli result if leprosy	If the disease being notified is leprosy, indicate whether multibacillary or paucibacillary.
Other laboratory details	Record details of any other relevant laboratory results.

## Risk factors

Occupational exposure	Indicate whether the case had any occupational contact with an animal reservoir for the disease being notified. If 'Yes', specify the exposure. If not known or unavailable then select the 'Unknown' option.
Attendance at pre-school or school, pre-school or childcare	Indicate whether the case attends pre-school or school, pre-school or childcare. If not known or unavailable then select the 'Unknown' option.
Overseas travel	<p>Indicate whether the case was overseas during the incubation period for the disease. Refer to the latest <a href="#">Communicable Disease Control Manual</a> for the incubation period for the disease.</p> <p>If 'Yes', record the date of arrival in New Zealand. List the countries/regions visited (up to three) from the most recent to the least recent. Record date of entry and departure in each country/region.</p> <p>If not known or unavailable then select the 'Unknown' option.</p>
Prior history of overseas travel	If the case has not been overseas recently, indicate whether any prior history of overseas travel might account for the infection. If 'Yes', record details of this travel. If not known or unavailable then select the 'Unknown' option.
Other risk factor	Specify any other risk factors under surveillance for the disease if they were present.

## Source

Confirmed source	<p>Indicate whether a source was confirmed by</p> <ul style="list-style-type: none"> <li>Epidemiological evidence eg, part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case. If not known or unavailable then select the 'Unknown' option.</li> <li>Laboratory evidence eg, organism or toxin of same type identified in food or drink consumed by the case. If not known or unavailable then select the 'Unknown' option.</li> </ul> <p>If 'Yes' to epidemiological or laboratory evidence, specify the confirmed source.</p>
Probable source	If no confirmed source was identified, indicate whether a probable source was identified. If 'Yes', specify the probable source. If not known or unavailable then select the 'Unknown' option.

## Protective Factors

Immunisation	<p>Indicate whether the case had been immunised with the appropriate vaccine <b>at any time before</b> becoming ill. If 'Yes', specify the date of the last vaccination and indicate the source of the information - patient/caregiver or documented evidence. If there is no vaccine for the disease, select the 'NA' option. If not known or unavailable then select the 'Unknown' option.</p> <p>This information is particularly important for poliomyelitis so that cases can be classified as vaccine associated or wild virus associated.</p>
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## Management

<b>Case management</b>	
Exclusion from work or school/pre-school/childcare	<p>Indicate whether the case was excluded from work or school/pre-school/childcare until well or for at least one week after onset of jaundice. If the case does not attend work or school/pre-school/childcare, select the 'NA' (not applicable) option. If not known or unavailable then select the 'Unknown' option.</p>
Other case management	<p>Record details of any other case management measures carried out if applicable.</p>
<b>Contact management</b>	
Number of contacts identified	<p>Indicate the number of contacts who were identified (if applicable)</p>
Number of contacts followed up	<p>Indicate the number of contacts who were followed up according to national or local protocols for the disease (if applicable).</p>
Other contact management	<p>Record details of any other contact management measures carried out if applicable.</p>

## Appendix

A list of notifiable diseases recorded on the Generic Case Report Form with links to the relevant sections of the latest [Communicable Disease Control Manual](#) is provided below.

<b>Disease</b>	<b>Relevant section(s)</b>
Anthrax	<a href="#">Anthrax</a>
Botulism	<a href="#">Acute gastroenteritis</a>
Chemical poisoning from the environment	<a href="#">Acute gastroenteritis</a>
Congenital rubella	<a href="#">Rubella: congenital</a>
<i>Cronobacter</i> species	<a href="#">Enterobacter sakazakii invasive disease</a>
Cysticercosis	<a href="#">Cysticercosis</a>
Decompression sickness	N/A
Diphtheria	<a href="#">Diphtheria</a>
Ebola	<a href="#">Viral haemorrhagic fevers</a>
Hydatid disease	<a href="#">Hydatid disease</a>
Lassa fever	<a href="#">Viral haemorrhagic fevers</a>
Leprosy	<a href="#">Leprosy</a>
Marburg virus	<a href="#">Viral haemorrhagic fevers</a>
Meningoencephalitis – primary amoebic	<a href="#">Meningoencephalitis – primary amoebic</a>
Middle East Respiratory Syndrome	See Ministry of Health guidelines on <a href="#">website</a>
Murine typhus	<a href="#">Rickettsial disease and Q fever</a>
Plague	N/A
Poliomyelitis	<a href="#">Poliomyelitis</a>
Q fever	<a href="#">Rickettsial disease and Q fever</a>
Rabies and other lyssaviruses	<a href="#">Rabies and other lyssaviruses</a>
Rickettsial disease	<a href="#">Rickettsial disease and Q fever</a>
Severe Acute Respiratory Syndrome	<a href="#">Severe Acute Respiratory Syndrome (SARS)</a>
Taeniasis	<a href="#">Taeniasis</a>
Tetanus	<a href="#">Tetanus</a>
Trichinellosis	<a href="#">Trichinellosis</a>
Typhus	<a href="#">Rickettsial disease and Q fever</a>
Viral haemorrhagic fever	<a href="#">Viral haemorrhagic fevers</a>