CASE REPORT FORM

Invasive Group A Streptococcal Infection

EpiSurv No.

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* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **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* dd/mm/yyyy **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

Fits clinical description* ○ Yes ○ No ○ Unknown

Clinical features

Sepsis/septic shock*	○ Yes	○ No	○ Unknown
Streptococcal toxic shock syndrome*	○ Yes	○ No	○ Unknown
Cellulitis*	○ Yes	○ No	○ Unknown
Necrotising fasciitis*	○ Yes	○ No	○ Unknown
Osteomyelitis*	○ Yes	○ No	○ Unknown
Septic arthritis*	○ Yes	○ No	○ Unknown
Pneumonia*	○ Yes	○ No	○ Unknown
Empyema*	○ Yes	○ No	○ Unknown
Meningitis*	○ Yes	○ No	○ Unknown
Peripartum infection*	○ Yes	○ No	○ Unknown
Neonatal sepsis*	○ Yes	○ No	○ Unknown

Other invasive illness* (specify)

LABORATORY CRITERIA

Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) from a clinical specimen* ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, site

Sterile site

- ○ Blood
- ○ CSF
- ○ Joint fluid
- ○ Bone
- ○ Tissue (specify)
- ○ Other sterile site (specify)
- ○ Pleural fluid
- ○ Peritoneal fluid
- ○ Pericardial fluid

Non-sterile site

- ○ Non sterile site (specify)

Detection of group A *Streptococcus* (*Streptococcus pyogenes*) nucleic acid* ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, site

- ○ Throat
- ○ Sputum
- ○ Blood
- ○ Other (specify site)

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

ADDITIONAL LABORATORY DETAILS

emm type:*

EpiSurv No.

Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* dd/mm/yyyy ☐ Unknown

Hospital*

Died* ○ Yes ○ No ○ Unknown

Date died* dd/mm/yyyy ☐ Unknown

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

If no, specify the primary cause of death*

Additional Outcome details

Was the case in ICU?* ○ Yes ○ No ○ 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)?*

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

Risk Factors

In the 30 days before onset, did the case:

Attend school, pre-school or childcare?*	○ Yes	○ No	○ Unknown
Use injectable drugs?*	○ Yes	○ No	○ Unknown
Experience homelessness?* ?	○ Yes	○ No	○ Unknown
Live or work in a residential institution?*	○ Yes	○ No	○ Unknown
Have close contact with a confirmed or probable case of iGAS?*	○ Yes	○ No	○ Unknown

EpiSurv number of case*

Other risk factor for iGAS infection?*

Management

CONTACT MANAGEMENT

Type of contact	**Number identified**	**Number offered antibiotics**	**Number given antibiotics**
Birthing parent			
Neonate(s)			
Other (eg household or institutional contacts) (specify)			

Comments