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 ____________________

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) ____________ ____________

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Basis of Diagnosis

CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

Symptoms* ☐ Fever > 38°C ☐ Cough (onset within last 14 days) ☐ Shortness of breath ☐ Sore throat

Other symptoms (e.g. diarrhoea), specify* ____________

Pneumonia* ○ Yes ○ No ○ Unknown

Radiological/imaging evidence of pneumonia* ○ Yes ○ No ○ Not Done ○ Awaiting Results ○ Unknown

Respiratory Distress Syndrome (ARDS)* ○ Yes ○ No ○ Unknown

Ventilation required* ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)

Specify form of lab confirmation (tick all that apply)*

Positive PCR test* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Positive immunofluorescence assay (IFA)* ○ Yes ○ No ○ Not Done ○ Awaiting Results

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

Positive haemagglutination inhibition test (HAI)* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Positive influenza sequencing* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Other positive test* (specify*) ☐ ____________

If none, have other respiratory pathogens been excluded?* ○ Yes ○ No ○ Unknown

Confirmation of disease by WHO National Influenza Centre*

○ Yes ○ No ○ Not Done ○ Awaiting Results ○ Unknown

EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

In the 14 days prior to onset of symptoms did the case

Travel to area with confirmed cases* ○ Yes ○ No ○ Unknown

Have close contact with a laboratory-confirmed case* ○ Yes ○ No ○ Unknown

Nature of contact with laboratory-confirmed case* ____________

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

ADDITIONAL LABORATORY DETAILS

Susceptibility testing results

Oseltamivir phosphate (Tamiflu®) ○ Susceptible ○ Resistant

Zanamivir (Relenza®) ○ Susceptible ○ Resistant

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*

____

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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

Was the case overseas during the incubation period for this disease (14 days)?* ◯ Yes ◯ No ◯ Unknown

If yes, date arrived in New Zealand* ______ *Flight/Voyage No. ______

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

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

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?* ◯ Yes ◯ No ◯ Unknown

If yes, did the case have close contact with or handle birds?* ◯ Yes ◯ No ◯ Unknown

During the previous 14 days did the case have contact in New Zealand with:*

a) Raw bird meat or other avian products?* ◯ Yes ◯ No ◯ 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?* ◯ Yes ◯ No ◯ Unknown

During the previous 14 days was the case a worker in or visitor to a laboratory where avian influenza viral samples are tested?* ◯ Yes ◯ No ◯ Unknown

Specify details of any contact* ______

Does the case have any of the following factors that place them at the risk of severe complications?*

Factor				Factor			
Immunosuppression (inc. cancer, HIV/AIDS, immunosuppressive therapy)	◯ Y	◯ N	◯ U	Chronic respiratory conditions (including asthma or COPD)	◯ Y	◯ N	◯ U
Cardiac disease	◯ Y	◯ N	◯ U	Diabetes mellitus	◯ Y	◯ N	◯ U
Haemoglobinopathies	◯ Y	◯ N	◯ U	Neurological	◯ Y	◯ N	◯ U
Renal failure	◯ Y	◯ N	◯ U	Morbid obesity	◯ Y	◯ N	◯ U
Metabolic diseases	◯ Y	◯ N	◯ U	Pregnancy	◯ Y	◯ N	◯ U

Other risk factors for disease* ______

Protective Factors

Has the case had a seasonal influenza vaccination in the last 12 months?* ◯ Yes ◯ No ◯ Unknown

If yes, specify date of last vaccination* ______

Management

CASE MANAGEMENT / CONTROL

Was the case excluded from work or school, pre-school or childcare for the appropriate period?* ◯ Yes ◯ No ◯ Not Applicable ◯ Unknown

Was appropriate infection prevention and control advice given?* ◯ Yes ◯ No ◯ Unknown

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Management continued

ISOLATION

☐ Verbal request from PHU Date of request ________ Requested by ________

☐ Isolation order (under section 79) Date served ________ Served by ________

Isolation ◯ No isolation ◯ Home ◯ Facility, specify ________

If isolated, date isolated from ________ date isolated to ________

Notes ________

CONTACT MANAGEMENT

Contact Type*	No. identified	No. counselled	No. with symptoms	Given post exposure prophylaxis	Isolated by PHU verbal request	Isolated by order under section 79
Household*						
Workplace*						
Education setting*						
Healthcare setting*						
Other, specify* ________						

ANTI-VIRAL STATUS

Did the case receive anti-virals?* ◯ Yes ◯ No ◯ Unknown

If yes,

a) specify purpose of anti-viral administration*

◯ Pre-exposure prophylaxis ◯ Post-exposure prophylaxis ◯ Treatment ◯ Unknown

If pre-exposure prophylaxis, did the case take any of the following medications during the 14 days prior to onset of symptoms?*

Medication	**If yes, was the medication taken every day during this 14 day period?**	**Date started**
☐ Oseltamivir phosphate (Tamiflu®)*	◯ Yes ◯ No ◯ Unknown	
☐ Zanamivir (Relenza®)*	◯ Yes ◯ No ◯ Unknown	
☐ Amantadine (Symadine®, Symmetrel®)*	◯ Yes ◯ No ◯ Unknown	
☐ Rimantadine (Flumadine®)*	◯ Yes ◯ No ◯ Unknown	

b) specify source of anti-viral supply*

◯ Personal store ◯ National stockpile ◯ Unknown

If treatment was considered and not given, specify reason*

◯ Does not meet case definition ◯ Outside window for treatment ◯ Unknown

ANTIBIOTIC STATUS

Has the case been given antibiotic treatment for this illness?* ◯ Yes ◯ No ◯ Unknown

If yes, specify antibiotic type given* ________

Comments*