

CASE REPORT FORM**Brucellosis**

Brucellosis _____

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) _____

Brucellosis		EpiSurv No. _____			
Basis of Diagnosis					
CLINICAL CRITERIA					
Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)*		☐ Yes	☐ No	☐ Unknown	
LABORATORY CRITERIA					
Meets laboratory criteria for disease*		☐ Yes	☐ No	☐ Unknown	
Isolation of <i>Brucella</i> from clinical specimen		☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results
Detection of <i>Brucella</i> nucleic acid from clinical specimen		☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results
Four-fold or greater rise in agglutination titre between acute and convalescent sera $\geq$ 2 weeks apart (By:		☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results
☐ ELISA ☐ SAT ☐ Coombs ☐ IFA)					
EPIDEMIOLOGICAL CRITERIA					
Contact with a laboratory-confirmed case*		☐ Yes	☐ No	☐ Unknown	
CLASSIFICATION*		☐ Under investigation	☐ Probable	☐ Confirmed	☐ Not a case
ADDITIONAL LABORATORY DETAILS					
Species (specify)* _____					
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 animals or animal products in 3 months before illness*		☐ Yes	☐ No	☐ Unknown	
If yes, specify exposure in detail: * _____					
If yes, was this exposure in NZ?*		☐ Yes	☐ No	☐ Unknown	
Consumption of unpasteurised milk or milk products in 3 months before illness*		☐ Yes	☐ No	☐ Unknown	
If yes, specify exposure in detail: * _____					
If yes, was this exposure in NZ?*		☐ Yes	☐ No	☐ Unknown	

Brucellosis		EpiSurv No. _____
Risk Factors continued		
Was the case overseas during the incubation period* (range 5-60 days) for brucellosis? ☐ Yes ☐ No ☐ Unknown		
If yes, date arrived in New Zealand* _____		
Specify countries visited* (from most recent to least recent)		
Country	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* _____		
Management		
CASE MANAGEMENT		
Case reported to Ministry of Health for coordination of notification and investigation with MAF* ☐ Yes ☐ No ☐ Unknown		
Comments*		