

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

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. _____

Additional Outcome Details

This section is to be completed as soon as outcome is known or 30 days after notification

Was the case in ICU?*

Ventilation required*

Extracorporeal membrane oxygenation required (ECMO)*

If case was hospitalised, date discharged from hospital*

Was severity of COVID-19 illness the primary reason for hospitalisation?*

Yes

No

Unknown

Yes

No

Unknown

Yes

No

Unknown

dd/mm/yyyy

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.*

Name of sub-cluster that the case is part of (as agreed with the Ministry of Health)*

Risk Factors

Is the case a health care worker (any job in a health care setting)?

Does the case live in any of the facilities listed below?

Was the case overseas in the 10 days prior to onset (or prior to reporting if asymptomatic)?

Residential care (e.g. aged, disability or other institutional community care)

Hostel-style accommodation (e.g. transitional facility, student hall, backpackers)

Corrections facility

Yes

No

Unknown

Yes

No

Unknown

Yes

No

Unknown

Yes

No

Unknown

If yes, date arrived in New Zealand

dd/mm/yyyy

Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases

Sequence	Country	City/Region	Date Entered	Date Departed
Last:*			dd/mm/yyyy	dd/mm/yyyy
Second Last:*			dd/mm/yyyy	dd/mm/yyyy
Third Last:*			dd/mm/yyyy	dd/mm/yyyy

Underlying conditions (tick all that apply)*

Pregnancy

If yes, trimester

Cardiovascular disease, including hypertension

Diabetes

Liver disease

Chronic neurological or neuromuscular disease

Other underlying condition, specify*

Post-partum (< 6 weeks)

Immunodeficiency, including HIV

Renal failure

Chronic lung disease

Malignancy

Other risk factors for disease

EpiSurv No. _____

Protective factors

Prior to onset (or prior to reporting if asymptomatic), had the case been immunised with appropriate vaccine?

Yes

No

NA

Unknown

If yes, specify vaccine details

How many doses did the case receive prior to onset?

Date given

Date unknown

Name of vaccine

Batch number

First dose

dd/mm/yyyy

Second dose

dd/mm/yyyy

Booster (3rd) dose

dd/mm/yyyy

Patient/Caregiver recall

Documented

NA

Unknown

Where was the case vaccinated?

New Zealand

Other country (specify)

Yes

No

Unknown

If yes, specify antivirals received

Comments*

Version 14 July 2022

* core surveillance data, ~ optional data