

CASE REPORT FORM**Generic**EpiSurv No. **Disease Name****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* Laboratory sample date 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 ☐ YearsSex* ☐ Male ☐ Female ☐ Unknown ☐ OtherOccupation* Occupation location ☐ Place of Work ☐ School ☐ Pre-schoolName Address Number Street Suburb
Town/City Post Code ☐ GeoCode Alternative location ☐ Place of Work ☐ School ☐ Pre-schoolName 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 If diphtheria, type ☐ Cutaneous ☐ Respiratory If leprosy, clinical form* ☐ Tuberculoid (TT) ☐ Borderline (BB) ☐ Lepromatous (LL) If hydatid disease, radiological/imaging evidence of characteristic cystic disease* ☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA 	
Laboratory confirmation of disease*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results If yes, specify form of lab confirmation (tick all that apply)* Isolation of organism from clinical specimen ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Detection of organism by NAAT from clinical specimen ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Positive IgM antibody ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Significant rise in antibody level ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Other positive test*
EPIDEMIOLOGICAL CRITERIA (refer to case definition)	
Contact with a laboratory confirmed case of the same disease*	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION*	☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case
ADDITIONAL LABORATORY DETAILS	
If Leprosy, acid bacilli result*	☐ Multibacillary ☐ Paucibacillary
Other lab details:*	
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 disease reservoir*	☐ Yes ☐ No ☐ Unknown If yes specify exposure in detail:*
Attendance at school, pre-school or childcare*	☐ Yes ☐ No ☐ Unknown

	EpiSurv No. 	
Risk Factors continued		
Was the case overseas during the incubation period for this disease* ☐ Yes ☐ No ☐ Unknown i		
If yes, date arrived in New Zealand* 		
Specify countries visited* (from most recent to least recent)		
Country/Region	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* 		
Source		
Was a source confirmed by:*		
a) Epidemiological evidence* ☐ Yes ☐ No ☐ Unknown e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case		
b) Laboratory evidence* ☐ Yes ☐ No ☐ Unknown e.g. organism or toxin of same type identified in food or drink consumed by case		
If yes, specify confirmed source:* 		
If not, were any probable sources identified?* ☐ Yes ☐ No ☐ Unknown		
If yes, specify probable source(s):* 		
Protective Factors		
Prior to onset, had the case been immunised with appropriate vaccine?* ☐ Yes ☐ No ☐ NA ☐ Unknown		
If yes, specify date of last vaccination* 		
If yes, how was vaccination status confirmed* ☐ Patient/Caregiver recall ☐ Documented ☐ NA ☐ Unknown		

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare for an appropriate period ☐ Yes ☐ No ☐ NA ☐ Unknown

CONTACT MANAGEMENT

Number of contacts identified (if applicable)

Number of contacts followed up according to national or local protocols (if applicable)

Comments*