

CASE REPORT FORM

Listeriosis

EpiSurv No. _____	
Disease Name	
☐ Listeriosis ☐ Pregnancy associated listeriosis	
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) _____	

Basis of Diagnosis**CLINICAL CRITERIA****Fits Clinical Description***☐ Yes☐ No☐ Unknown**Clinical Features*****Pregnancy associated case***Illness in mother ☐ Yes ☐ No ☐ UnknownPreterm labour ☐ Yes ☐ No ☐ UnknownIllness in infant ☐ Yes ☐ No ☐ UnknownIntrauterine death ☐ Yes ☐ No ☐ Unknown**Not pregnancy associated case***Meningitis ☐ Yes ☐ No ☐ UnknownSepticaemia ☐ Yes ☐ No ☐ Unknown

Other (specify) _____

LABORATORY CRITERIA**Isolation of *Listeria monocytogenes* from a normally sterile site*** ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results

If yes, specify site:*

Mother☐ blood culture☐ high vaginal swab**Foetus/neonate**☐ blood culture☐ CSF☐ body swabs☐ placental tissue, foetal tissue

Other (specify)* _____

Not pregnancy associated case☐ blood culture☐ CSF

Other (specify)* _____

CLASSIFICATION*☐ Under investigation☐ Confirmed☐ Not a case**ADDITIONAL LABORATORY DETAILS**

Serotype (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**PREGNANCY ASSOCIATED CASES****Pregnancy details**

Due date* _____ ☐ Unknown

Date of delivery* _____ ☐ Unknown

Gestation at date of delivery* _____ weeks

Foetus/infant died* ☐ Yes ☐ No ☐ Unknown

Date died* _____ ☐ Unknown

If foetus/infant died from disease other than listeriosis, specify* _____

NOT PREGNANCY ASSOCIATED CASES

Underlying illness* ☐ Yes ☐ No ☐ Unknown

If yes, specify* _____

Receiving immunosuppressive drugs* ☐ Yes ☐ No ☐ Unknown

If yes, specify* _____

Admitted to hospital for treatment of another illness (other than listeriosis)* ☐ Yes ☐ No ☐ Unknown

If yes, specify* _____

ALL CASES

Was case overseas during incubation period (range = 3-70 days) for listeriosis?* ☐ Yes ☐ No ☐ Unknown

Other risk factors for listeriosis, specify*

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 a known case
- b) Laboratory evidence*** ☐ Yes ☐ No ☐ Unknown
e.g. organism or toxin of same type identified if food or drink consumed by case

Specify confirmed source(s)*

☐ From consumption of contaminated food or drink, specify food or drink

☐ From contact with infected animal, specify type of animal

☐ Person to person contact with another case, specify case

☐ From other confirmed source, specify source

Source continued**If not, was a *probable* source identified?***☐ Yes☐ No☐ Unknown**Specify *probable* source(s)***☐ From consumption of contaminated food or drink, specify food or drink☐ From contact with infected animal, specify type of animal☐ Person to person contact with another case, specify relationship☐ From other probable source, specify source**Management****CASE MANAGEMENT****Case excluded from work or school / pre-school / childcare until well?**☐ Yes☐ No☐ NA☐ Unknown**Comments***