

CASE REPORT FORM**Non seasonal influenza A(H1N1)**

Non seasonal influenza A(H1N1)

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) _____			

Non seasonal influenza A(H1N1)		EpiSurv No. _____	
Basis of Diagnosis			
CLINICAL CRITERIA (refer to the current case definition)			
Fits clinical description*	☐ Yes	☐ No	☐ Unknown
Pneumonia*	☐ Yes	☐ No	☐ Unknown
Respiratory Distress Syndrome (ARDS)*	☐ Yes	☐ No	☐ Unknown
Ventilation required*	☐ Yes	☐ No	☐ Unknown
LABORATORY CRITERIA (refer to the current case definition)			
Meets laboratory criteria for disease*	☐ Yes	☐ No	☐ Unknown
STATUS* ☐ Under investigation ☐ Suspect ☐ Probable ☐ Confirmed ☐ Not a case			
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			
Outbreak Details			
Is this case part of an outbreak? ☐ Yes If yes, specify outbreak number _____			
Risk Factors			
Does the case have any of the following factors that place them at the risk of severe complications?*			
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
Is the case a resident of an aged care facility?*		☐ Yes	☐ No ☐ Unknown
Has the case had regular contact with infants or young children?*		☐ Yes	☐ No ☐ Unknown
Is the case a healthcare worker?*		☐ Yes	☐ No ☐ Unknown
If yes, specify _____			
Other risk factors for disease* _____			
Protective Factors			
Has the case had a seasonal influenza vaccination in the last 12 months?*		☐ Yes	☐ No ☐ Unknown
Did the case receive anti-virals?*		☐ Yes	☐ No ☐ Unknown
Comments			