

CASE REPORT FORM**Non seasonal influenza A(H7N9)**

Non seasonal influenza A(H7N9)

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) _____			

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Basis of Diagnosis			
CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)			
Symptoms*	☐ Fever > 38°C	☐ Cough (onset within last 14 days)	☐ Shortness of breath ☐ Sore throat
Other symptoms (e.g. diarrhoea), specify* _____			
Pneumonia*	☐ Yes	☐ No	☐ Unknown
Radiological/imaging evidence of pneumonia*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results ☐ Unknown
Respiratory Distress Syndrome (ARDS)*	☐ Yes	☐ No	☐ Unknown
Ventilation required*	☐ Yes	☐ No	☐ Unknown
LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)			
Specify form of lab confirmation (tick all that apply)*			
Positive PCR test*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Positive immunofluorescence assay (IFA)*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Isolation of organism from clinical specimen*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Positive haemagglutination inhibition test (HAI)*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Positive influenza sequencing*	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Other positive test* (specify*)	☐	_____	
If none, have other respiratory pathogens been excluded?*	☐ Yes	☐ No	☐ Unknown
Confirmation of disease by WHO National Influenza Centre*			
☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results ☐ Unknown
EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)			
In the 14 days prior to onset of symptoms did the case			
Travel to area with confirmed cases*	☐ Yes	☐ No	☐ Unknown
Have close contact with a laboratory-confirmed case*	☐ Yes	☐ No	☐ Unknown
Nature of contact with laboratory-confirmed case*	_____		
CLASSIFICATION*			
☐ Under investigation	☐ Probable	☐ Confirmed	☐ Not a case
ADDITIONAL LABORATORY DETAILS			
Susceptibility testing results			
Oseltamivir phosphate (Tamiflu®)	☐ Susceptible	☐ Resistant	
Zanamivir (Relenza®)	☐ Susceptible	☐ Resistant	
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*			

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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			
Was the case overseas during the incubation period for this disease (14 days)?* ☐ Yes ☐ No ☐ Unknown			
If yes, date arrived in New Zealand* _____		*Flight/Voyage No. _____	
Specify countries visited (from most recent to least recent)*			
Sequence	Country/Region	Date Entered	Date Departed
Last: *			
Second Last: *			
Third Last: *			
During the time overseas did the case visit any place where close contact with birds was possible or visit an environment contaminated with bird faeces?*		☐ Yes ☐ No ☐ Unknown	
If yes, did the case have close contact with or handle birds?*		☐ Yes ☐ No ☐ Unknown	
During the previous 14 days did the case have contact in New Zealand with:*			
a) Raw bird meat or other avian products?*	☐ Yes ☐ No ☐ Unknown		
b) Any domestic birds (e.g. birds that are commonly reared for their flesh, eggs, feathers or fighting, and kept in a yard or similar enclosure), wild birds, or other at risk animals?*	☐ Yes ☐ No ☐ Unknown		
During the previous 14 days was the case a worker in or visitor to a laboratory where avian influenza viral samples are tested?*		☐ Yes ☐ No ☐ Unknown	
Specify details of any contact* _____			
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
Other risk factors for disease* _____			
Protective Factors			
Has the case had a seasonal influenza vaccination in the last 12 months?*		☐ Yes ☐ No ☐ Unknown	
If yes, specify date of last vaccination* _____			
Management			
CASE MANAGEMENT / CONTROL			
Was the case excluded from work or school, pre-school or childcare for the appropriate period?*		☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Was appropriate infection prevention and control advice given?*		☐ Yes ☐ No ☐ Unknown	

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Management continued							
ISOLATION							
☐ Verbal request from PHU		Date of request _____		Requested by _____			
☐ Isolation order (under section 79)		Date served _____		Served by _____			
Isolation		☐ No isolation		☐ Home		☐ Facility, specify _____	
If isolated, date isolated from _____				date isolated to _____			
Notes _____							
CONTACT MANAGEMENT							
Contact Type*	No. identified	No. counselled	No. with symptoms	Given post exposure prophylaxis	Isolated by PHU verbal request	Isolated by order under section 79	
Household*	_____	_____	_____	_____	_____	_____	
Workplace*	_____	_____	_____	_____	_____	_____	
Education setting*	_____	_____	_____	_____	_____	_____	
Healthcare setting*	_____	_____	_____	_____	_____	_____	
Other, specify* _____	_____	_____	_____	_____	_____	_____	
ANTI-VIRAL STATUS							
Did the case receive anti-virals?*				☐ Yes ☐ No ☐ Unknown			
If yes,							
a) specify purpose of anti-viral administration*							
☐ Pre-exposure prophylaxis		☐ Post-exposure prophylaxis		☐ Treatment		☐ Unknown	
If pre-exposure prophylaxis, did the case take any of the following medications during the 14 days prior to onset of symptoms?*							
Medication	If yes, was the medication taken every day during this 14 day period?			Date started			
☐ Oseltamivir phosphate (Tamiflu®)*	☐ Yes	☐ No	☐ Unknown	_____			
☐ Zanamivir (Relenza®)*	☐ Yes	☐ No	☐ Unknown	_____			
☐ Amantadine (Symadine®, Symmetrel®)*	☐ Yes	☐ No	☐ Unknown	_____			
☐ Rimantadine (Flumadine®)*	☐ Yes	☐ No	☐ Unknown	_____			
b) specify source of anti-viral supply*							
☐ Personal store		☐ National stockpile		☐ Unknown			
If treatment was considered and not given, specify reason*							
☐ Does not meet case definition		☐ Outside window for treatment		☐ Unknown			
ANTIBIOTIC STATUS							
Has the case been given antibiotic treatment for this illness?*				☐ Yes ☐ No ☐ Unknown			
If yes, specify antibiotic type given* _____							
Comments*							