

CASE REPORT FORM

VTEC/STEC Infection

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* 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 ☐ Years

Sex* ☐ Male ☐ Female ☐ Unknown ☐ Other

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)

VTEC/STEC Infection	EpiSurv No.
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description*	☐ Yes ☐ No ☐ Unknown
Clinical features*	
Diarrhoea	☐ Yes ☐ No ☐ Unknown
Haemorrhagic colitis (bloody diarrhoea)	☐ Yes ☐ No ☐ Unknown
Haemolytic uraemic syndrome (HUS)	☐ Yes ☐ No ☐ Unknown
Thrombotic thrombocytopenic purpura (TTP)	☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA	
Meets laboratory criteria*	☐ Yes ☐ No ☐ Unknown
Isolation of Shiga toxin producing <i>E. coli</i> from a clinical specimen*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Detection of the genes associated with the production of Shiga toxin in <i>E. coli</i> (PCR)*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
CLASSIFICATION* ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case i	
ADDITIONAL LABORATORY DETAILS	
Organism serotype 1	Sequence type 1
Organism serotype 2	Sequence type 2
Updated ☐ Laboratory	
Date 1st result updated	1st Sample Number
Date 2nd result updated	2nd Sample Number
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.*	

VTEC/STEC Infection				EpiSurv No. 		
Risk Factors						
FOOD						
Did the case consume any of the following items during the week before becoming ill?*						
Food item				If yes specify type, and	specify brand, and	where obtained (e.g. supermarket, restaurant, friend's house, etc.)
Raw (unpasteurised) milk or products made from raw milk	☐ Y	☐ N	☐ U			
Dairy products (e.g. cheese, yoghurt)	☐ Y	☐ N	☐ U			
Beef or beef products (e.g. mince, hamburger)	☐ Y	☐ N	☐ U			
Lamb or hogget or mutton	☐ Y	☐ N	☐ U			
Chicken or poultry	☐ Y	☐ N	☐ U			
Processed meats (e.g. luncheon, salami, ham)	☐ Y	☐ N	☐ U			
Home kill meat	☐ Y	☐ N	☐ U			
Any pink or undercooked meat	☐ Y	☐ N	☐ U			
Raw fruit / vegetables	☐ Y	☐ N	☐ U			
Fruit / vegetable juice	☐ Y	☐ N	☐ U			
WATER						
Water supply code or nature of water supply (e.g. bore, roof, spring)*						
Current address*	water supply code			or specify		
Work / school / pre-school*	water supply code			or specify		
Non-habitual water supply within the last week*				☐ Yes	☐ No	☐ Unknown
If yes, specify*						
Recreational contact with water during week before becoming ill*				☐ Yes	☐ No	☐ Unknown
If yes, nature of contact*						
☐ Swimming in public swimming pool*, name of pool(s)*						
☐ Swimming in other pool*, location of pool(s)*						
☐ Use of spa pool*, *location of spa pool(s)*						
☐ Swimming in stream or river (including canoeing)* Name of river/stream(s)*						
☐ Other recreational contact with water*, specify*						
ANIMAL CONTACT						
Did the case have contact with animals in the week before becoming ill?*				☐ Yes	☐ No	☐ Unknown
If yes, nature of contact*						
Household pets*	☐ Yes	☐ No	☐ Unknown	Specify*		
Farm animals*	☐ Yes	☐ No	☐ Unknown	Specify*		
Other animals*	☐ Yes	☐ No	☐ Unknown	Specify*		
Animal manure*	☐ Yes	☐ No	☐ Unknown	Specify*		

VTEC/STEC Infection	EpiSurv No.
Risk Factors continued	
HUMAN CONTACT	
In the week before becoming ill, did the case:	
Attend school, pre-school or childcare*	☐ Yes ☐ No ☐ Unknown
Attend any social functions*	☐ Yes ☐ No ☐ Unknown
If yes, give detail*	
Have contact with children in nappies*	☐ Yes ☐ No ☐ Unknown
Have contact with a person with similar symptoms*	☐ Yes ☐ No ☐ Unknown
If yes, nature of contact*	
Date of onset of illness in other case*	or ☐ Unknown
OVERSEAS TRAVEL	
Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?* ☐ Yes ☐ No ☐ Unknown	
If yes, date arrived in New Zealand*	
Specify countries visited* (from most recent to least recent)	
Country/Region	Date Entered
Last:*	
Second Last:*	
Third Last:*	
	Date Departed
Did the case travel within New Zealand during the week before becoming ill?* ☐ Yes ☐ No ☐ Unknown	
Specify where in New Zealand the case travelled*	
OTHER	
Did the case have any contact with sewage during the week before becoming ill?* ☐ Yes ☐ No ☐ Unknown	
Did the case handle raw meat or offal (including raw meat or offal given to pets) during the week before becoming ill?* ☐ Yes ☐ No ☐ Unknown	
Other risk factors for STEC infection* 	
Management	
CASE MANAGEMENT	
Case excluded from work or school, pre-school or childcare until well* ☐ Yes ☐ No ☐ NA ☐ Unknown	
If the case works as food handler or is employed to care for patients, elderly, or children aged <5 years, was the case excluded from work until microbiological clearance achieved?* ☐ Yes ☐ No ☐ NA ☐ Unknown	
Number of contacts screened for infection as per local protocols*	
Number of screened contacts that are identified with STEC infection*	

VTEC/STEC Infection

EpiSurv No.

Comments*