

CASE REPORT FORM

Viral Haemorrhagic Fever

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* _____ 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 (refer to case definition)**

Fits Clinical Description* ☐ Yes ☐ No ☐ Unknown

LABORATORY CRITERIA (refer to case definition)

Laboratory confirmation of disease* ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results

If yes, specify laboratory confirmation method (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 (IgG)	☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results
Detection of antigen by ELISA	☐ Yes	☐ No	☐ Not Done	☐ Awaiting Results
Other positive test*	_____			

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Contact with a probable or confirmed case of the same disease* ☐ Yes ☐ No ☐ Unknown

CLASSIFICATION* ☐ 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

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 ☐ No **If yes, specify Outbreak No.*** _____

Risk Factors

Was the case overseas during the incubation period for this disease?* ☐ Yes ☐ No ☐ Unknown

(refer to the Communicable Disease Control Manual or Ministry of Health guidance for incubation periods)

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:	_____	_____	_____

Risk Factors continued**During the time overseas:****Did the case visit or work in caves or mines?***☐ Yes ☐ No ☐ Unknown

If yes, specify cave exposure _____

Did the case have contact with an animal reservoir for this disease?*☐ Yes ☐ No ☐ Unknown

If yes, specify animal exposure _____

Did the case handle or consume meat or animal products e.g. bush meat or unpasteurised milk?*☐ Yes ☐ No ☐ Unknown

If yes, specify exposure detail _____

Was the case potentially exposed to body fluids / blood / tissue from a confirmed, probable or suspect case during the incubation period for this disease?*☐ Yes ☐ No ☐ Unknown

If yes, what was the nature of exposure?

Household exposure

☐ Yes ☐ No ☐ Unknown

Sexual exposure

☐ Yes ☐ No ☐ Unknown

Dead body exposure

☐ Yes ☐ No ☐ Unknown

Occupational exposure (e.g. healthcare worker, laboratory worker etc)

☐ Yes ☐ No ☐ Unknown

If yes, specify occupational exposure _____

Other exposure to body fluids / blood / tissue from a case

☐ Yes ☐ No ☐ Unknown

If yes, specify other exposure _____

Other risk factor(s) for disease _____**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****Was the case excluded from work or school, pre-school or childcare for an appropriate period?**☐ Yes ☐ No ☐ NA ☐ Unknown**Was appropriate infection control advice given?**☐ Yes ☐ No ☐ NA ☐ Unknown**CONTACT MANAGEMENT****Flight number(s) if case infectious while on board a flight***

Last flight _____ 2nd to last flight _____ 3rd to last flight _____ 4th to last flight _____

Attendance at school, preschool or childcare☐ Yes ☐ No ☐ Unknown**Does case live or work in an institution (e.g. prison, boarding hostel)**☐ Yes ☐ No ☐ Unknown

If yes, specify detail _____

Number of contacts identified (if applicable) _____**Number of contacts followed up according to national or local protocols (if applicable)** _____**Comments***