

CASE REPORT FORM

Brucellosis

Brucellosis _____

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** _____

Notifier Identification

Reporting source* **ReportSrc** ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory
☐ Self-notification ☐ Outbreak Investigation ☐ Other

Name of reporting source **ReportName** _____Organisation **ReportOrganisation** _____Date reported* **ReportDate** _____Contact phone **ReportPhone** _____Usual GP **UsualGP** _____Practice **GPPPracticeName** _____GP phone **GPPhone** _____

GP/Practice address Number _____ Street _____ Suburb _____

GPAddress _____

Town/City _____

Post Code _____

☐ **GeoCode** _____

Case Identification

Name of case* Surname **Surname** _____ Given Name(s) **GivenName** _____NHI number* **NHINumber** _____Email **Email** _____

Current address* Number _____ Street _____ Suburb _____

CaseAddress _____

Town/City _____

Post Code _____

☐ **GeoCode** _____Phone (home) **PhoneHome** _____Phone (work) **PhoneWork** _____Phone (other) **PhoneOther** _____

Case Demography

Location **TA* TA** _____**DHB* DHB** _____Date of birth* **DateOfBirth** _____ OR Age **Age** _____ ☐ Days ☐ Months ☐ Years **AgeUnits**Sex* **Sex** ☐ Male ☐ Female ☐ Indeterminate ☐ UnknownOccupation* **Occupation** _____Occupation location **PlaceOfWork1Type** ☐ Place of Work ☐ School ☐ Pre-schoolName **PlaceOfWork1** _____

Address Number _____ Street _____ Suburb _____

PlaceOfWork1Address _____

Town/City _____

Post Code _____

☐ **GeoCode** _____Alternative location **PlaceOfWork2Type** ☐ Place of Work ☐ School ☐ Pre-school

Name _____

Address Number _____ Street _____ Suburb _____

PlaceOfWork2Address _____

Town/City _____

Post Code _____

☐ **GeoCode** _____

Ethnic group case belongs to* (tick all that apply)

☐ NZ European **EthNZEuroean** ☐ Maori **EthMaori** ☐ Samoan **EthSamoan** ☐ Cook Island Maori **EthCookIslandMaori**☐ Niuean **EthNiuean**☐ Chinese **EthChinese**☐ Indian **EthIndian**☐ Tongan **EthTongan**☐ Other (such as Dutch, Japanese) **EthOther** *(specify) **EthSpecify1** _____**EthSpecify2** _____

Brucellosis	EpiSurv No. _____
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)* FitClinDes ☐ Yes ☐ No ☐ Unknown	
LABORATORY CRITERIA	
Meets laboratory criteria for disease* LabConf ☐ Yes ☐ No ☐ Unknown	
Isolation of <i>Brucella</i> from clinical specimen IsoSpecimen ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Detection of <i>Brucella</i> nucleic acid from clinical specimen NAATSpecimen ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Four-fold or greater rise in agglutination titre between acute and convalescent sera > = 2 weeks apart Titre4x ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
(By: ☐ ELISA ☐ SAT ☐ Coombs ☐ IFA) TestSpec	
EPIDEMIOLOGICAL CRITERIA	
Contact with a laboratory-confirmed case* ContSource ☐ Yes ☐ No ☐ Unknown	
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case	
ADDITIONAL LABORATORY DETAILS	
Species (specify)* Species _____	
Clinical Course and Outcome	
Date of onset* OnsetDt _____ ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown	
Hospitalised* Hosp ☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt _____ ☐ Unknown HospDtUnknown	
Hospital* _____	
Died* Died ☐ Yes ☐ No ☐ Unknown	
Date died* DiedDt _____ ☐ Unknown DiedDtUnknown	
Was this disease the primary cause of death?* DiedPrimary ☐ Yes ☐ No ☐ Unknown	
If no, specify the primary cause of death* DiedOther _____	
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 Outbrk If yes, specify Outbreak No.* OutbrkNo _____	
Risk Factors	
Occupational exposure to animals or animal products in 3 months before illness* ExpAnimal ☐ Yes ☐ No ☐ Unknown	
If yes, specify exposure in detail:* ExpAnimalSpec _____	
If yes, was this exposure in NZ?* ExpAnimNZ ☐ Yes ☐ No ☐ Unknown	
Consumption of unpasteurised milk or milk products in 3 months before illness* RawMilk ☐ Yes ☐ No ☐ Unknown	
If yes, specify exposure in detail:* RawMilkSpec _____	
If yes, was this exposure in NZ?* RawMilkNZ ☐ Yes ☐ No ☐ Unknown	

Brucellosis		EpiSurv No. _____	
Risk Factors continued			
Was the case overseas during the incubation period* (range 5-60 days) for brucellosis? Overseas		☐ Yes ☐ No ☐ Unknown	
If yes, date arrived in New Zealand* DtArrived _____			
Specify countries visited* (from most recent to least recent)			
Country	Date Entered	Date Departed	
Last: LastCountry _____	LastDtEntered _____	LastDtDeparted _____	
Second Last: SecCountry _____	SecDtEntered _____	SecDtDeparted _____	
Third Last: ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____	
If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* PriorTravel		☐ Yes ☐ No ☐ Unknown	
If yes, specify* PriorSpec _____			
Other risk factors for disease* RiskSpec _____			
Management			
CASE MANAGEMENT			
Case reported to Ministry of Health for coordination of notification and investigation with MAF* MAFReport		☐ Yes ☐ No ☐ Unknown	
Comments*			
Comments 			