

CASE REPORT FORM

Coronavirus Disease

COVID-19EpiSurv No. EpiSurvNumber

Reporting Authority			
Name of Public Health Officer responsible for case OfficerName _____			
Notifier Identification i			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source ReportName _____		Organisation ReportOrganisation _____	
Date reported* ReportDate dd/mm/yyyy		Contact phone ReportPhone _____	
Usual GP UsualGP _____	Practice GPPracticeName _____	GP phone GPPhone _____	
GP/Practice address Number _____ Street _____ Suburb _____			
GPAddress Town/City _____ Post Code _____ ☐ GeoCode _____			
Case Identification i			
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 dd/mm/yyyy		OR Age Age _____ ☐ Days ☐ Months ☐ Years AgeUnits	
Sex* Sex ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* Occupation _____			
Occupation location PlaceOfWork1Type ☐ Place of Work ☐ School ☐ Pre-school			
Name 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) i			
☐ NZ European EthNZEuropean ☐ 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			

Basis of Diagnosis

CLINICAL CRITERIA



Fits clinical description* FitClinDes ☐ Yes ☐ No ☐ Unknown

At the time of diagnosis, was the case asymptomatic?* Asymptomatic ☐ Yes ☐ No ☐ Unknown

If the case did not have symptoms when diagnosed, did they later develop any symptoms?*

DevSympt ☐ Yes ☐ No ☐ Unknown

If yes, onset date for when the case later developed symptoms* DevSymptDt

List all symptoms (tick all that apply)*

- ☐ History of fever/chills Fever
- ☐ Runny nose Coryza
- ☐ Headache Headache
- ☐ Muscular pain PainMusc
- ☐ General weakness Weakness
- ☐ Shortness of breath ShBreath
- ☐ Irritability/confusion IritConfus
- ☐ Chest pain PainChest
- ☐ Cough Cough
- ☐ Diarrhoea Diarrhoea
- ☐ Loss of sense of smell Anosmia
- ☐ Abdominal pain PainAbdom
- ☐ Sore throat SoreThroat
- ☐ Nausea/vomiting NausVom
- ☐ Altered taste AlteredTaste
- ☐ Joint pain PainJoint
- ☐ Other symptoms, specify* OthSymptoms OthSymSpec

Clinical signs (tick all that apply)*

☐ Abnormal lung x-ray findings LungXray ☐ Other signs, specify* OthSign OthSignSpec

LABORATORY CRITERIA



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

If yes, date of laboratory confirmation* LabConfDt

If yes, specify laboratory confirmation method (tick all that apply)*

Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) NAAT ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results

If yes, Ct value or strength of PCR (eg weak or strong) CtValue Date CtDate1

Second Ct value or strength of PCR CtValue2 Date CtDate2

Third Ct value or strength of PCR CtValue3 Date CtDate3

Rapid antigen test RapidAg ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Date RapidAgDt

Second rapid antigen test RapidAg2 ☐ Yes ☐ No ☐ Not Done ☐ Awaiting results Date RapidAg2Dt

Other positive test (specify)* OthPosTest

EPIDEMIOLOGICAL CRITERIA

Did the case have close contact with a confirmed case?* EpiCont ☐ Yes ☐ No ☐ Unknown

If contact was in New Zealand, EpiSurv number of confirmed case* EpiContID

CLASSIFICATION* Status

☒ Under investigation ☐ Suspect ☐ Probable ☐ Confirmed ☐ Not a case



Clinical Course and Outcome

Date of onset* OnsetDt ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp ☐ Yes ☐ No ☐ Unknown

Date hospitalised* HospDt ☐ Unknown HospDtUnknown

Hospital* HospName

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

COVID-19

EpiSurv No. EpiSurvNumber

Additional Outcome Details

This section is to be completed as soon as outcome is known or 30 days after notification

Was the case in ICU?* ICU

Yes

No

Unknown

Ventilation required* VentReqd

Yes

No

Unknown

Extracorporeal membrane oxygenation required (ECMO)* ECMO

Yes

No

Unknown

If case was hospitalised, date discharged from hospital* DischDt

dd/mm/yyyy

Was severity of COVID-19 illness the primary reason for hospitalisation?*Severe

Yes

No

Unknown

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

Name of sub-cluster that the case is part of (as agreed with the Ministry of Health)* SubCluster

Risk Factors

Is the case a health care worker (any job in a health care setting)?* HealthWorker

Yes

No

Unknown

Does the case live in any of the facilities listed below?

Residential care (e.g. aged, disability or other institutional community care) ResidCare

Yes

No

Unknown

Hostel-style accommodation (e.g. transitional facility, student hall, backpackers) Hostel

Yes

No

Unknown

Corrections facility Prison

Yes

No

Unknown

Was the case overseas in the 10 days prior to onset (or prior to reporting if asymptomatic)?* Overseas

Yes

No

Unknown

If yes, date arrived in New Zealand* DtArrived

dd/mm/yyyy

Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases*

Sequence	Country	City/Region	Date Entered	Date Departed
Last:*			LastDtEntered	dd/mm/yyyy eparted dd/mm/yyyy
Second Last:*			SecDtEntered	dd/mm/yyyy eparted dd/mm/yyyy
Third Last:*			ThirdDtEntered	dd/mm/yyyy eparted dd/mm/yyyy

Underlying conditions (tick all that apply)*

Pregnancy

Pregnancy

If yes, trimester Trimester

Cardiovascular disease, including hypertension

CVD

Diabetes

Diabetes

Liver disease

LiverDis

Chronic neurological or neuromuscular disease

Neurological

Other underlying condition, specify

OthUndCond

OthCondSpec

Post-partum (< 6 weeks)

PostPartum

Immunodeficiency, including HIV

Immunodef

Renal failure

RenalFailure

Chronic lung disease

ChronLung

Malignancy

Malignancy

Other risk factors for disease* RiskSpec

Protective factors

Prior to onset (or prior to reporting if asymptomatic), had the case been immunised with appropriate vaccine?* Immunised ☐ Yes ☐ No ☐ NA ☐ Unknown

If yes specify vaccine details*

How many doses did the case receive prior to onset? NumDoses

	Date given		Date unknown	Name of vaccine	Batch number
First dose	DtFirstDose	dd/mm/yyyy 	☐ Dose1DtUnk	Dose1Vacc _____	Dose1Batch _____
Second dose	DtSecondDose	dd/mm/yyyy 	☐ Dose2DtUnk	Dose2Vacc _____	Dose2Batch _____
Booster (3rd) dose	DtThirdDose	dd/mm/yyyy 	☐ Dose3DtUnk	Dose3Vacc _____	Dose3Batch _____

If yes, how was vaccination status confirmed* **ImmBasis** ☐ Patient/Caregiver recall ☐ Documented ☐ NA ☐ Unknown

Where was the case vaccinated?* **VaccCountry** ☐ New Zealand ☐ Other country (specify) **VaccCountrySpec**

Did the case receive antivirals? Antivirals ☐ Yes ☐ No ☐ Unknown

If yes, specify antivirals received **AntiviralSpec**

Comments*	
-----------	--

Comments