

CASE REPORT FORM

Enteric Disease

		EpiSurv No.	
Disease Name ?			
☐ Gastroenteritis - unknown cause ☐ Gastroenteritis/foodborne intoxication - specify ☐ Campylobacteriosis ☐ Cholera ☐ Cryptosporidiosis ☐ Giardiasis ☐ Paratyphoid fever ☐ Salmonellosis ☐ Shigellosis ☐ Typhoid fever ☐ Yersiniosis			
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName			
Notifier Identification i			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory Report Src ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source ReportName		Organisation ReportOrganisation	
Date reported* ReportDate		Laboratory sample date SampleDate	
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		Given Name(s)	
NHI number* NHINumber		Email Email	
Current address* Number Street Suburb 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 ☐ Unknown ☐ Other			
Occupation* Occupation i			
Occupation location Occupation_place_type (main) ☐ Place of Work ☐ School ☐ Pre-school			
Name occupation_place_name (main)			
Address Number Street Suburb Town/City Post Code ☐ GeoCode			
Alternative location Occupation_place_type (Alternative) ☐ Place of Work ☐ School ☐ Pre-school			
Name occupation_place_name (Alternative)			
Address Number Street Suburb Town/City Post Code ☐ GeoCode			
Ethnic group case belongs to* (tick all that apply) i			
☐ NZ European EthNZEuropan ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori ☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan ☐ Other (such as Dutch, Japanese, Tokelauan) EthOther *(specify) EthSpecify1 EthSpecify2			

Enteric Disease	EpiSurv No. EpiSurvNumber
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description* FitClinDes	☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA (refer to case definition)	
Meets laboratory criteria* LabConf	☐ Yes ☐ No ☐ Unknown
Isolation (culture) of organism* IsolnOrg	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Specify site* IsolnSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	IsolnSiteSpec
Detection of organism nucleic acid (eg PCR)* PCR	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Specify site* IsolnSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	PCRSiteSpec
Detection of organism antigen* Antigen	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Specify site* AntigenSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	AntigenSiteSpec
Demonstration by microscopy of oocysts/cysts/ trophozoites* Microsc	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Specify site* AntigenSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	MicroscSiteSpec
Detection of toxin* Toxin	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Specify site* ToxinSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	ToxinSiteSpec
Other positive test (e.g. serology), specify test and result*	OtherTest
Specify site* OtherTestSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	OtherTestSiteSpec
Organism / toxin isolated or detected from linked food or water* OrgFood	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
EPIDEMIOLOGICAL CRITERIA	
Contact with a confirmed case of the same disease* ContCase (If yes also record details in risk factors section)	☐ Yes ☐ No ☐ Unknown
Part of an identified common source outbreak* ComSceObrk (If yes also record details in outbreak section and risk factors section)	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION* Status ☐ Under Investigation ☐ Probable ☐ Confirmed ☐ Not a case ?	
ADDITIONAL LABORATORY DETAILS	
Organism species /serotype / phage toxin etc*	AddLab AddLab2 AddLab3
ESR Updated ☐ AutoUpdated Laboratory	Laboratory
Date result updated SampleDate	SampleDate
Sample Number	SampleNumber
Was whole genome sequencing / genotyping done? Genome ☐ Yes ☐ No ☐ Unknown	
If yes, laboratory where done	GenomeLab
Date GenomeDate	
ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES	
Were there any food, water or environmental samples associated with this case? ☐ Yes ☐ No ☐ Unknown	
AssocSample If yes, specify type(s) and results	
Sample Type	Sample Number
Sample Result	
SmplType1	SmplNumber1
SmplResult1	SmplResult1
SmplType2	SmplNumber2
SmplResult2	SmplResult2
SmplType3	SmplNumber3
SmplResult3	SmplResult3

Enteric Disease	EpiSurv No. EpiSurvNumber
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	
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 i	
FOOD PREMISES	
Did the case consume food from a food premise during the incubation period?~ ☐ Yes ☐ No ☐ Unknown	
If yes, specify Premises	
1. Name of premise PremiseSpec1	
Address	Number houzenumber Street streetname Suburb suburb
	Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten	FoodsEaten1 Date consumed DateConsumed1
Comments	Comments1 Status Implicated1 ☐ Suspected ☐ Confirmed ☐ Exonerated
2. Name of premise PremiseSpec2	
Address	Number houzenumber Street streetname Suburb suburb
	Town/City towncity Post Code postc... ☐ GeoCode geocode addressmatchaccuracy
Foods eaten	FoodsEaten2 Date consumed DateConsumed2
Comments	Comments2 Status Implicated2 ☐ Suspected ☐ Confirmed ☐ Exonerated
3. Name of premise PremiseSpec3	
Address	Number houzenumber Street streetname Suburb suburb
	Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur...
Foods eaten	FoodsEaten3 Date consumed DateConsumed3
Comments	Comments3 Status Implicated3 ☐ Suspected ☐ Confirmed ☐ Exonerated
RAW MILK	
Did the case consume raw (unpasteurised) milk or products made from raw milk during the incubation period?~ RwMilk ☐ Yes ☐ No ☐ Unknown	
If yes, specify type of product(s) e.g. milk, yoghurt, cheese brand(s) where obtained	
Product 1:	RwMilkProd1 RwMilkBrand1 RwMilkSce1
Product 2:	RwMilkProd2 RwMilkBrand2 RwMilkSce2
Product 3:	RwMilkProd3 RwMilkBrand3 RwMilkSce3

Enteric Disease	EpiSurv No. EpiSurvNumber
Risk Factors continued 	
DRINKING WATER	
Current address*	water supply code CurrWSCode or specify CurrWSSpec
Work/school/pre-school*	water supply code WorkWSCode or specify WorkWSSpec
Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ NonHabWS ☐ Yes ☐ No ☐ Unknown	
If yes, specify address* NonHabStreet1 NonHabSuburb1 NonHabCity1 Water supply code NonHabSupply1 NonHabStreet2 NonHabSuburb2 NonHabCity2 Water supply code NonHabSupply2	
Did the case consume untreated surface water, bore water or rain water during the incubation period?~ Untreated ☐ Yes ☐ No ☐ Unknown	
If yes, specify water source:~ UntreatedSource	
RECREATIONAL WATER CONTACT	
Did the case have recreational contact with water during the incubation period?~ ☐ Yes ☐ No ☐ Unknown	
If yes, nature of contact RecContWtr	
☐ Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool) Pool	
1. Name of pool PoolSpec1	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments PoolComment1 Date of exposure PoolDate1	
2. Name of pool PoolSpec2	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments PoolComment2 Date of exposure PoolDate2	
3. Name of pool PoolSpec3	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments PoolComment3 Date of exposure PoolDate3	
☐ Swimming in streams, rivers, sea etc RiverSea	
1. Name of stream/river/beach RiverSeaSpec1	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments RiverSeaComment1 Date of exposure RiverSeaDate1	
2. Name of stream/river/beach RiverSeaSpec2	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments RiverSeaComment2 Date of exposure RiverSeaDate2	
3. Name of stream/river/beach RiverSeaSpec3	
Address Number houzenumber Street streetname Suburb suburb	
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Comments RiverSeaComment3 Date of exposure RiverSeaDate3	

Enteric Disease	EpiSurv No. EpiSurvNumber												
Risk Factors continued													
RECREATIONAL WATER CONTACT													
☐ Other recreational contact with water OthRecCont OthRecSpec Date of exposure OthRecDate Location of other recreational contact with water OthWater													
HUMAN CONTACT													
Attendance at school, preschool or childcare~ AttenSch ☐ Yes ☐ No ☐ Unknown 													
Did the case have contact with other symptomatic people during the incubation period?~ OthSym ☐ Yes ☐ No ☐ Unknown 													
If yes, specify type of contact OthSymCont													
If yes, give names of people OthSymCases													
Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~ ContFaecal ☐ Yes ☐ No ☐ Unknown 													
If yes, specify what they had contact with ContFaecalSpec													
ANIMAL CONTACT													
Did the case have contact with farm animals during the incubation period?~ Farm ☐ Yes ☐ No ☐ Unknown 													
If yes, specify type of animal FarmSpec													
Did the case have contact with sick animals during the incubation period?~ SickAn ☐ Yes ☐ No ☐ Unknown 													
If yes, specify type of animal and illness SickAnSpec													
OVERSEAS TRAVEL													
Was the case overseas during the incubation period for this disease* Overseas ☐ Yes ☐ No ☐ Unknown 													
If yes, date arrived in New Zealand* DtArrived 													
Specify countries visited*	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left;">Country</th> <th style="width: 20%; text-align: left;">Date Entered</th> <th style="width: 30%; text-align: left;">Date Departed</th> </tr> <tr> <td style="padding: 2px;">Last (most recent):*</td> <td style="padding: 2px;">LastCountry </td> <td style="padding: 2px;">LastDtArrived LastDtDeparted</td> </tr> <tr> <td style="padding: 2px;">Second last:*</td> <td style="padding: 2px;">SecCountry </td> <td style="padding: 2px;">SecDtArrived SecDtDeparted</td> </tr> <tr> <td style="padding: 2px;">Third last:*</td> <td style="padding: 2px;">ThirdCountry </td> <td style="padding: 2px;">ThirdDtArrived ThirdDtDeparted</td> </tr> </table>	Country	Date Entered	Date Departed	Last (most recent):*	LastCountry 	LastDtArrived LastDtDeparted	Second last:*	SecCountry 	SecDtArrived SecDtDeparted	Third last:*	ThirdCountry 	ThirdDtArrived ThirdDtDeparted
Country	Date Entered	Date Departed											
Last (most recent):*	LastCountry 	LastDtArrived LastDtDeparted											
Second last:*	SecCountry 	SecDtArrived SecDtDeparted											
Third last:*	ThirdCountry 	ThirdDtArrived 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													
For shigellosis in males aged ≥ 15 years, did the case have sexual contact with another male/other males during the incubation period? MSM ☐ Yes ☐ No ☐ Unknown 													
If yes, did the case visit any 'sex on premises' venues or attend any events involving sexual activity during the incubation period SexPremises ☐ Yes ☐ No ☐ Unknown 													
If yes, name of the venue/event SexVenue1 Date visited or event date SexVenueDt1 													
venue 2 SexVenue2 2nd Date SexVenueDt2 													
venue 3 SexVenue3 3rd Date SexVenueDt3 													
Other risk factor for disease (specify)~ RiskSpec													
Source													
Was a source confirmed by*													
a) Epidemiological evidence* SceConfEpi ☐ Yes ☐ No ☐ Unknown 													
e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case													
b) Laboratory evidence* SceConfLab ☐ Yes ☐ No ☐ Unknown 													
e.g. organism or toxin of same type identified in food or drink consumed by case													

Enteric Disease	EpiSurv No. EpiSurvNumber
Source continued	
Specify confirmed source(s)* 	
☐ From consumption of contaminated food or drink, specify food or drink ConfFD ConfFDName ConfFDSpec	
☐ From consumption of contaminated drinking water, specify supply ConfDW ConfDWSpec 	
☐ From contact with infected animal, specify type of animal ConfInfAnim ConfInfAnimSpec 	
☐ Person to person contact with another case, specify relationship to case ConfPP ConfPPSpec 	
☐ From other confirmed source, specify source ConfOtherSce ConfOtherSceSpec 	
If not confirmed, were any probable sources identified?* SceProb ☐ Yes ☐ No ☐ Unknown 	
Specify probable source(s)*	
☐ From consumption of contaminated food or drink, specify food or drink ProbFD ProbFDName ProbFDSpec	
☐ From consumption of contaminated drinking water, specify supply ProbDW ProbDWSpec 	
☐ From contact with infected animal, specify type of animal ProbInfAnim ProbInfAnimSpec 	
☐ Person to person contact with another case, specify relationship to case ProbPP ProbPPSpec 	
☐ From other probable source, specify source ProbPPSpec ProbOtherSceSpec 	
Management	
CASE MANAGEMENT	
Case excluded from work or school/preschool/childcare until well? Excluded ☐ Yes ☐ No ☐ NA ☐ Unknown 	
Does the case fit any of the following high risk categories?	
Early childhood centre work ChildWorker	☐ Yes ☐ No ☐ Unknown
Food handler FoodHandler	☐ Yes ☐ No ☐ Unknown
Water supply worker WaterWorker	☐ Yes ☐ No ☐ Unknown
Intellectually/physically impaired IHC	☐ Yes ☐ No ☐ Unknown
Healthcare/rest-home worker HealthWorker	☐ Yes ☐ No ☐ Unknown
If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? TestClear ☐ Yes ☐ No ☐ NA ☐ Unknown 	
CONTACT MANAGEMENT	
Number of contacts identified NoContacts	
Number of contacts followed up according to national or local protocols NoFollowup	
Comments*	

Enteric Disease		EpiSurv No. EpiSurvNumber	
Food Premises			
4. Name of premise PremiseSpec4			
Address	Number houzenumber	Street streetname	Suburb suburb
	Town/City towncity		Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten FoodsEaten4		Date consumed DateConsumed4	
Comments Comments4		Status ☒ Implicated4 ☐ Suspected ☐ Confirmed ☐ Exonerated	
5. Name of premise PremiseSpec5			
Address	Number houzenumber	Street streetname	Suburb suburb
	Town/City towncity		Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten FoodsEaten5		Date consumed DateConsumed5	
Comments Comments5		Status ☒ Implicated5 ☐ Suspected ☐ Confirmed ☐ Exonerated	
6. Name of premise PremiseSpec6			
Address	Number houzenumber	Street streetname	Suburb suburb
	Town/City towncity		Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten FoodsEaten6		Date consumed DateConsumed6	
Comments Comments6		Status ☒ Implicated6 ☐ Suspected ☐ Confirmed ☐ Exonerated	
7. Name of premise PremiseSpec7			
Address	Number houzenumber	Street streetname	Suburb suburb
	Town/City towncity		Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten FoodsEaten7		Date consumed DateConsumed7	
Comments Comments7		Status ☒ Implicated7 ☐ Suspected ☐ Confirmed ☐ Exonerated	
8. Name of premise PremiseSpec8			
Address	Number houzenumber	Street streetname	Suburb suburb
	Town/City towncity		Post Code postcode ☐ GeoCode geocode addressmatchaccuracy
Foods eaten FoodsEaten8		Date consumed DateConsumed8	
Comments Comments8		Status ☒ Implicated8 ☐ Suspected ☐ Confirmed ☐ Exonerated	

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* core surveillance data, ~ optional data