

CASE REPORT FORM

Invasive Group A Streptococcal Infection

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** Laboratory sample date **SampleDate** Contact phone **ReportPhone**

Usual GP **UsualGP** Practice **GPPracticeName** GP phone **GPPhone**

GP/Practice address Number Street Suburb
GPAAddress 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 ☐ 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 **PlaceOfWork2**

Address Number Street Suburb
PlaceOfWork2Address Town/City Post Code ☐ GeoCode

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



- ☐ NZ European **EthNZEuropan** ☐ 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**

Invasive group A streptococcal infection	EpiSurv No. EpiSurvNumber
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description* FitClinDes	☐ Yes ☐ No ☐ Unknown
Clinical features	
Sepsis/septic shock* Sepsis	☐ Yes ☐ No ☐ Unknown
Streptococcal toxic shock syndrome* STSS	☐ Yes ☐ No ☐ Unknown
Cellulitis* Cellulitis	☐ Yes ☐ No ☐ Unknown
Necrotising fasciitis* NecFasc	☐ Yes ☐ No ☐ Unknown
Osteomyelitis* Osteomyelitis	☐ Yes ☐ No ☐ Unknown
Septic arthritis* SepticArthritis	☐ Yes ☐ No ☐ Unknown
Pneumonia* Pneumonia	☐ Yes ☐ No ☐ Unknown
Empyema* Empyema	☐ Yes ☐ No ☐ Unknown
Meningitis* Meningitis	☐ Yes ☐ No ☐ Unknown
Peripartum infection* PeripartInf	☐ Yes ☐ No ☐ Unknown
Neonatal sepsis* NeonatalSepsis	☐ Yes ☐ No ☐ Unknown
Other invasive illness* (specify) OthInvas	
LABORATORY CRITERIA	
Isolation of group A <i>Streptococcus</i> (<i>Streptococcus pyogenes</i>) from a clinical specimen* Isolation	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, site	
Sterile site IsolSite	
☐ Blood ☐ CSF ☐ Joint fluid ☐ Bone ☐ Tissue (specify)	☐ Pleural fluid ☐ Peritoneal fluid ☐ Pericardial fluid
☐ Tissue (specify) IsolTissue	
☐ Other sterile site (specify) IsolOthSterile	
Non-sterile site	
☐ Non sterile site (specify) IsolNonSterile	
Detection of group A <i>Streptococcus</i> (<i>Streptococcus pyogenes</i>) nucleic acid* NAAT	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, site NAATSite	
☐ Throat ☐ Sputum ☐ Blood ☐ Other (specify site)	NAATOther
CLASSIFICATION* Status	
☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case	
ADDITIONAL LABORATORY DETAILS	
emm type:* emmType	

Invasive group A streptococcal infection		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			
Additional Outcome Details			
Was the case in ICU?* ICU ☐ 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			
Risk Factors			
In the 30 days before onset, did the case:			
Attend school, pre-school or childcare?* AttendSch		☐ Yes ☐ No ☐ Unknown	
Use injectable drugs?* IDUse		☐ Yes ☐ No ☐ Unknown	
Experience homelessness?* i Homeless		☐ Yes ☐ No ☐ Unknown	
Live or work in a residential institution?* ResidInst		☐ Yes ☐ No ☐ Unknown	
Have close contact with a confirmed or probable case of iGAS?* ContCase		☐ Yes ☐ No ☐ Unknown	
EpiSurv number of case* ContID			
Other risk factor for iGAS infection?* RiskOthSpecify			
Management			
CONTACT MANAGEMENT			
Type of contact	Number identified	Number offered antibiotics	Number given antibiotics
Birthing parent	NoParent	NoParentAbx	NoParentGivAbx
Neonate(s)	NoNeonate	NoNeonateAbx	NoNeonateGivAbx
Other (eg household or institutional contacts) (specify) OtherContact	NoOther	NoOtherAbx	NoOtherGivAbx
Comments			
Comments			