

CASE REPORT FORM

Listeriosis

DiseaseName		EpiSurv No. EpiSurvNumber	
Disease Name DiseaseName			
☐ Listeriosis ☐ Pregnancy associated listeriosis			
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 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 ☐ 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 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			

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Basis of Diagnosis	
CLINICAL CRITERIA	
Fits Clinical Description* FitClinDes ☐ Yes ☐ No ☐ Unknown	
Clinical Features*	
Pregnancy associated case* Illness in mother IllMother ☐ Yes ☐ No ☐ Unknown Preterm labour Labour ☐ Yes ☐ No ☐ Unknown Illness in infant IllInfant ☐ Yes ☐ No ☐ Unknown Intrauterine death Death ☐ Yes ☐ No ☐ Unknown	Not pregnancy associated case* Meningitis Meningitis ☐ Yes ☐ No ☐ Unknown Septicaemia Septicaemia ☐ Yes ☐ No ☐ Unknown Other (specify) OthSymSpec
LABORATORY CRITERIA	
Isolation of <i>Listeria monocytogenes</i> from a normally sterile site* ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results Isolation	
If yes, specify site:*	
Mother MothrSite	☐ blood culture ☐ high vaginal swab
Foetus/neonate FoetSite	☐ blood culture ☐ CSF ☐ body swabs ☐ placental tissue, foetal tissue Other (specify)* FoetSitOther
Not pregnancy associated case NonPSite	☐ blood culture ☐ CSF Other (specify)* NonPSitOther
CLASSIFICATION* Status ☐ Under investigation ☐ Confirmed ☐ Not a case i	
ADDITIONAL LABORATORY DETAILS	
Serotype (specify) Serotype	
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
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

DiseaseName

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Risk Factors

PREGNANCY ASSOCIATED CASES

Pregnancy details

Due date* DueDate

☐ Unknown DueDateUnknown

Date of delivery* DelivDate

☐ Unknown DelivDateUnknown

Gestation at date of delivery* GestationWk weeks

Foetus/infant died* InfanDied

☐ Yes ☐ No ☐ Unknown

Date died* InfDthDate

☐ Unknown InfDthDateUnknown

If foetus/infant died from disease other than listeriosis, specify* InfDthSpec

NOT PREGNANCY ASSOCIATED CASES

Underlying illness* UndIllness

☐ Yes ☐ No ☐ Unknown

If yes, specify* UndIllSpec

Receiving immunosuppressive drugs* ImmunoDrugs

☐ Yes ☐ No ☐ Unknown

If yes, specify* ImmunoDSpec

Admitted to hospital for treatment of another illness (other than listeriosis)* HospTrtment

☐ Yes ☐ No ☐ Unknown

If yes, specify* HospTrtSpec

ALL CASES

Was case overseas during incubation period (range = 3-70 days) for listeriosis?

*Overseas

☐ Yes ☐ No ☐ Unknown

Other risk factors for listeriosis, specify* RiskOthSpecify

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 if food or drink consumed by case

Specify confirmed source(s)*

☐ From consumption of contaminated food or drink, specify food or drink ConfFD

ConfFDName ConfFDSpec

☐ From contact with infected animal, specify type of animal ConfInfAnim ConfInfAnimSpec

☐ Person to person contact with another case, specify case ConfPP ConfPPSpec

☐ From other confirmed source, specify source ConfOtherSce

ConfOtherSceSpec

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Source continued	
If not, was a <i>probable</i> source identified?* SceProb ☐ Yes ☐ No ☐ Unknown	
Specify <i>probable</i> source(s)*	
☐ From consumption of contaminated food or drink, specify food or drink ProbFD ProbFDName ProbFDSpec	
☐ From contact with infected animal, specify type of animal ProbInfAnim ProbInfAnimSpec 	
☐ Person to person contact with another case, specify relationship ProbPP ProbPPSpec 	
☐ From other probable source, specify source ProbOtherSce ProbOtherSceSpec	
Management	
CASE MANAGEMENT Excluded	
Case excluded from work or school / pre-school / childcare until well? ☐ Yes ☐ No ☐ NA ☐ Unknown	
Comments*	
Comments	