

CASE REPORT FORM

Non seasonal influenza A(H1N1)

Non seasonal influenza		EpiSurv No. EpiSurvNumber	
Disease Name			
☐ Non seasonal influenza A (H1N1)			
Reporting Authority			
Name of Public Health Officer responsible for case		OfficerName	
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source		Organisation ReportOrganisation ReportName	
Date reported*		Contact phone ReportPhone	
Usual GP UsualGP		Practice GPPracticeName GP phone GPPhone	
GP/Practice address Number housenumber Street streetname Suburb suburb Town/City towncity Post Code postco... ☐ GeoCode geocode addressmatchaccuracy			
Case Identification			
Name of case*		Surname Surname Given Name(s) GivenName NHINumber Email Email	
Current address* Number housenum... Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
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 occupation_place_type		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name			
Address Number housenumb... Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
Alternative location occupation_place_type		☐ Place of Work ☐ School ☐ Pre-school	
Name occupation_place_name			
Address Number housenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
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, Tokelauan) *(specify) EthOther EthSpecify1 EthSpecify2			

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Basis of Diagnosis			
CLINICAL CRITERIA (refer to the current case definition)			
Fits clinical description* FitClinDes	☐ Yes	☐ No	☐ Unknown
Pneumonia* Pneumonia	☐ Yes	☐ No	☐ Unknown
Respiratory Distress Syndrome (ARDS)* ARDS	☐ Yes	☐ No	☐ Unknown
Ventilation required* VentReqd	☐ Yes	☐ No	☐ Unknown
LABORATORY CRITERIA (refer to the current case definition)			
Meets laboratory criteria for disease* MeetsLabCriteria	☐ Yes	☐ No	☐ Unknown
STATUS* Status	☐ Under investigation	☐ 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
Outbreak Details			
Is this case part of an outbreak? ☐ Yes Outbrk	If yes, specify outbreak number OutbrkNo		
Risk Factors			
Does the case have any of the following factors that place them at the risk of severe complications?*			
Immunosuppression (inc. cancer, HIV/AIDS, immunosuppressive therapy) Immunosuppression	☐ Y ☐ N ☐ U	Chronic respiratory conditions (inc. asthma or COPD) Respiratory	☐ Y ☐ N ☐ U
Cardiac disease Cardiac	☐ Y ☐ N ☐ U	Diabetes mellitus Diabetes	☐ Y ☐ N ☐ U
Haemoglobinopathies Haemoglobinopathies	☐ Y ☐ N ☐ U	Neurological Neurological	☐ Y ☐ N ☐ U
Renal failure RenalFailure	☐ Y ☐ N ☐ U	Morbid obesity MorbidObesity	☐ Y ☐ N ☐ U
Metabolic diseases Metabolic	☐ Y ☐ N ☐ U	Pregnancy Pregnancy	☐ Y ☐ N ☐ U
Is the case a resident of an aged care facility?* AgedCare	☐ Yes	☐ No	☐ Unknown
Has the case had regular contact with infants or young children?* ContactInfants	☐ Yes	☐ No	☐ Unknown
Is the case a healthcare worker?* HealthCareWorker	☐ Yes	☐ No	☐ Unknown
If yes, specify _____ HealthCareWorkerSpecify			
Other risk factors for disease* RiskSpec			
Protective Factors			
Has the case had a seasonal influenza vaccination in the last 12 months?* SeasVacc	☐ Yes	☐ No	☐ Unknown
Did the case receive anti-virals?* AntiVTmt	☐ Yes	☐ No	☐ Unknown
Comments			
Comments			