

CASE REPORT FORM**Non seasonal influenza A(H7N9)**

Non seasonal influenza A(H7N9)

EpiSurv No. _____

Reporting AuthorityName 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** _____Contact phone **ReportPhone** _____Usual GP **UsualGP** _____Practice **GPPPracticeName** _____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☐ UnknownOccupation* **Occupation** _____Occupation location **PlaceOfWork1Type**☐ Place of Work☐ School☐ Pre-schoolName **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)

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** _____

Non seasonal influenza A(H7N9)		EpiSurv No. _____	
Basis of Diagnosis			
CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)			
Symptoms* ☐ Fever>38°C FeverGT38 ☐ Cough Cough ☐ Shortness of breath ShBreath ☐ Sore throat SoreThroat			
Other symptoms (e.g. diarrhoea), specify* OthSymSpec _____			
Pneumonia* Pneumonia ☐ Yes ☐ No ☐ Unknown			
Radiological/imaging evidence of pneumonia* RadEvidPneu ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown			
Respiratory Distress Syndrome (ARDS)* ARDS ☐ Yes ☐ No ☐ Unknown			
Ventilation required* VentReqd ☐ Yes ☐ No ☐ Unknown			
LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)			
Specify form of lab confirmation (tick all that apply)*			
Positive PCR test* PCR		☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Positive immunofluorescence assay (IFA)* PosIFA		☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Isolation of organism from clinical specimen* Isolation		☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Positive haemagglutination inhibition test (HAI)* HAI		☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Positive influenza sequencing* Sequencing		☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Other positive test* (specify*) OthPosTest		☐ OthPosSpec _____	
If none, have other respiratory pathogens been excluded?* RespPathsExc ☐ Yes ☐ No ☐ Unknown			
Confirmation of disease by WHO National Influenza Centre* LabConf			
☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results ☐ Unknown			
EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)			
In the 14 days prior to onset of symptoms did the case			
Travel to area with confirmed cases* EpiTravel		☐ Yes ☐ No ☐ Unknown	
Have close contact with a laboratory-confirmed case* EpiCont		☐ Yes ☐ No ☐ Unknown	
Nature of contact with laboratory-confirmed case*		EpiContNature _____	
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case			
ADDITIONAL LABORATORY DETAILS			
Susceptibility testing results			
Oseltamivir phosphate (Tamiflu®) SusOseltamivir		☐ Susceptible ☐ Resistant	
Zanamivir (Relenza®) SusZanamivir		☐ Susceptible ☐ Resistant	
Clinical Course and Outcome			
Date of onset* OnsetDt _____		☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown	
Hospitalised* Hosp		☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt _____		☐ Unknown HospDtUnknown	
Hospital* Hospital _____			
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 _____			

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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			
Was the case overseas during the incubation period for this disease?* Overseas ☐ Yes ☐ No ☐ Unknown			
If yes, date arrived in New Zealand* DtArrived _____		*Flight/Voyage No. Flight _____	
Specify countries visited (from most recent to least recent)*			
Sequence	Country/Region	Date Entered	Date Departed
Last:*	LastCountry _____	LastDtEntered _____	LastDtDeparted _____
Second Last:*	SecCountry _____	SecDtEntered _____	SecDtDeparted _____
Third Last:*	ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____
During the time overseas did the case visit any place where close contact with birds was possible or visit an environment contaminated with bird faeces?* PossCont			☐ Yes ☐ No ☐ Unknown
If yes, did the case have close contact with or handle birds?* ContBird			☐ Yes ☐ No ☐ Unknown
During the previous 14 days did the case have contact in New Zealand with:*			
a) Raw bird meat or other avian products?* RawBird		☐ Yes ☐ No ☐ Unknown	
b) Any domestic birds (e.g. birds that are commonly reared for their flesh, eggs, feathers or fighting, and kept in a yard or similar enclosure), wild birds, or other at risk animals?* DomBird		☐ Yes ☐ No ☐ Unknown	
During the previous 14 days was the case a worker in or visitor to a laboratory where avian influenza viral samples are tested?* LabWorker			☐ Yes ☐ No ☐ Unknown
Specify details of any contact* LabContDetails _____			
Does the case have any of the following factors that place them at the risk of severe complications?*			
Immunosuppression (inc. cancer, HIV/AIDS) Immunosupp	☐ Y ☐ N ☐ U	Chronic respiratory conditions Respiratory	☐ Y ☐ N ☐ U
Cardiac disease Cardiac	☐ Y ☐ N ☐ U	Diabetes mellitus Diabetes	☐ Y ☐ N ☐ U
Haemoglobinopathies Haemoglob	☐ 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
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			
If yes, specify date of last vaccination* DtSeasVacc _____			
Management			
CASE MANAGEMENT / CONTROL			
Was the case excluded from work or school, pre-school or childcare for the appropriate period?* Excluded		☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Was appropriate infection prevention and control advice given?* InfCtlAdv		☐ Yes ☐ No ☐ Unknown	

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Management continued						
ISOLATION						
☐ Verbal request from PHU	VerbalRequest	Date of request	VerbalRequestDate	Requested by	VerbalRequestBy	_____
☐ Isolation order (under s. 79)	IsolationOrder	Date served	IsolationOrderDate	Served by	IsolationOrderBy	_____
Isolation	IsolationType	☐ No isolation	☐ Home	☐ Facility, specify	IsolationFacility	_____
If isolated, date isolated from		IsolatedFromDate	_____	date isolated to	IsolatedToDate	_____
Notes	IsolationNotes					
CONTACT MANAGEMENT						
Contact Type*	No. identified	No. counselled	No. with symptoms	Given post exposure prophylaxis	Isolated by PHU verbal request	Isolated by order under section 79
Household*	HHNumId	HHNumCoun	HHNumSym	HHNumProph	HHNumVerbal	HHNumOrder
Workplace*	WPNumId	WPNumCoun	WPNumSym	WPNumProph	WPNumVerbal	WPNumOrder
Education setting*	ECNumId	ECNumCoun	ECNumSym	ECNumProph	ECNumVerbal	ECNumOrder
Healthcare setting*	HCNumId	HCNumCoun	HCNumSym	HCNumProph	HCNumVerbal	HCNumOrder
Other, specify* OthContSetting	OthNumId	OthNumCoun	OthNumSym	OthNumProph	OthNumVerbal	OthNumOrder
ANTI-VIRAL STATUS						
Did the case receive anti-virals?* AntiVTmt				☐ Yes	☐ No	☐ Unknown
If yes,						
a) specify purpose of anti-viral administration* AntiVPurpose						
☐ Pre-exposure prophylaxis ☐ Post-exposure prophylaxis ☐ Treatment ☐ Unknown						
If pre-exposure prophylaxis, did the case take any of the following medications during the 14 days prior to onset of symptoms?*						
Medication	If yes, was the medication taken every day during this 14 day period?			Date started		
☐ Oseltamivir phosphate (Tamiflu®)* Oseltamivir	EvDayOseltamivir	☐ Yes	☐ No	☐ Unknown	DtOseltamivir	_____
☐ Zanamivir (Relenza®)* Zanamivir	EvDayZanamivir	☐ Yes	☐ No	☐ Unknown	DtZanamivir	_____
☐ Amantadine (Symmetrel®)* Amantadine	EvDayAmantadine	☐ Yes	☐ No	☐ Unknown	DtAmantadine	_____
☐ Rimantadine (Flumadine®)* Rimantadine	EvDayRimantadine	☐ Yes	☐ No	☐ Unknown	DtRimantadine	_____
b) specify source of anti-viral supply* AntiVSource						
☐ Personal store ☐ National stockpile ☐ Unknown						
If treatment was considered and not given, specify reason* AntiVNonTmt						
☐ Does not meet case definition ☐ Outside window for treatment ☐ Unknown						
ANTIBIOTIC STATUS						
Has the case been given antibiotic treatment for this illness?* AntiBTmt				☐ Yes	☐ No	☐ Unknown
If yes, specify antibiotic type given* AntiBTypeSpecify						
Comments*						
Comments						