

CASE REPORT FORM

Tuberculosis

Tuberculosis		EpiSurv No.	
Disease Name 			
☐ Tuberculosis disease - new case ☐ Tuberculosis disease - relapse or reactivation ☐ Latent tuberculosis infection (patient consent required) ☐ Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)			
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		Town/City Post Code ☐ GeoCode	
GPAddress			
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			

Tuberculosis	EpiSurv No.
Basis of Diagnosis	
LABORATORY CRITERIA (i)	
Meets laboratory criteria for disease* LabConf	☐ Yes ☐ No ☐ Unknown
Demonstration of acid-fast bacilli in a clinical specimen AcidFast	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site AcidFSite	☐ Sputum ☐ Other (specify) AcidFSiteSpec
Isolation of <i>Mycobacterium tuberculosis</i> complex from a clinical specimen Isolation	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site IsoSite	☐ Sputum ☐ Other (specify) IsoSiteSpec
Demonstration of <i>Mycobacterium tuberculosis</i> complex nucleic acid PCR	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site PCRSite	☐ Sputum ☐ Other (specify) PCRSiteSpec
Histology strongly suggestive of tuberculosis Histology	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
MANTOUX STATUS	
Mantoux tests done* ManTest	☐ Yes ☐ No ☐ Awaiting Results ☐ Unknown
Date* mm induration* mm	Date* mm induration* mm
ManDate1	ManDate2
Manmm1	Manmm2
Mantoux status* (tick most appropriate - must use definitions in TB guidelines) ManStatus	
☐ Mantoux Negative ☐ Mantoux Positive ☐ Mantoux Converted ☐ Mantoux Unknown	
IGRA STATUS	
Test done* IGRATestDone	☐ Yes ☐ No ☐ Awaiting Results ☐ Unknown
If yes, result IGRATestResult	☐ Positive ☐ Negative ☐ Indeterminate
OTHER CRITERIA	
Treatment for presumptive TB* TmtPresumptive	☐ Yes ☐ No ☐ Unknown
Interim treatment for presumptive LTBI in children < 5 years* TmtPresLTBI	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION*	
☐ Under investigation ☐ Probable - presumptive ☐ Confirmed ☐ Not a case	(i)
Status	(no laboratory confirmation) (laboratory confirmation)
PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)	
Date of first tuberculosis diagnosis*	Name of doctor*
DateFirstTB	DrTBDig
Place where diagnosis made (town/city/country)* PlaceTBDig	
Was diagnosis confirmed by laboratory testing?* TBDigLab	☐ Yes ☐ No ☐ Unknown
Was the case treated?* CaseTreat	☐ Yes ☐ No ☐ Unknown
If yes, duration of treatment* DurTreat	months
ADDITIONAL CLINICAL DETAILS	
Site of disease (disease only)	
Pulmonary* Pulmon	☐ Yes ☐ No
If yes,	
Radiology* Radiology	☐ Normal ☐ Active TB ☐ TB of Uncertain Activity ☐ Not Done ☐ Unknown
Evidence of cavity formation* EvidOfCavity	☐ Yes ☐ No ☐ Unknown

Tuberculosis		EpiSurv No.	
Basis of Diagnosis (continued)			
Extrapulmonary* Extrapulm ☐ Yes ☐ No			
If yes, tick all that apply*			
☐ Lymph node (excl abdomen) LymphNode ☐ Pleural Pleural ☐ MiliaryTB MiliaryTB ☐ Bone/joint BoneJoint ☐ Intraabdominal (excl renal) Intraabdominal ☐ Renal/genitourinary tract RenalUrinaryTract ☐ Soft tissue/skin SoftTissueSkin ☐ CNS TB (including meningitis) CNSTB ☐ Other site, specify OtherExtraPulmonarySite OtherExtraPulmonarySiteSpecify			
How was case/infection discovered?* HowDisc			
☐ Contact follow-up ☐ Immigrant/refugee screening ☐ Attended practitioner with symptoms ☐ Other (specify) HowDiscSpec ☐ Unknown			
ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and PHF SCIENCE UPDATED)			
Mycobacterial species OrganIsol ☐ <i>Mycobacterium tuberculosis</i> ☐ <i>Mycobacterium bovis</i>			
☐ Other (*specify) OrganIsolSpec			
Susceptibility testing results			
Isoniazid (0.1 mg/L) IsoniazidLow ☐ Susceptible ☐ Resistant			
Isoniazid (0.4 mg/L) IsoniazidHigh ☐ Susceptible ☐ Resistant			
Rifampicin Rifampicin ☐ Susceptible ☐ Resistant			
Ethambutol Ethambutol ☐ Susceptible ☐ Resistant			
Pyrazinamide Pyrazinamide ☐ Susceptible ☐ Resistant			
Moxifloxacin Moxifloxacin ☐ Susceptible ☐ Resistant			
Other antibiotics (specify)			
Antibiotic1		AntibioticSus1	☐ Susceptible ☐ Resistant
Antibiotic2		AntibioticSus2	☐ Susceptible ☐ Resistant
Antibiotic3		AntibioticSus3	☐ Susceptible ☐ Resistant
Antibiotic4		AntibioticSus4	☐ Susceptible ☐ Resistant
Antibiotic5		AntibioticSus5	☐ Susceptible ☐ Resistant
Antibiotic6		AntibioticSus6	☐ Susceptible ☐ Resistant
Antibiotic7		AntibioticSus7	☐ Susceptible ☐ Resistant
Specimen details			
Date specimen taken SusDateSpecimenTaken		Specimen number SusSpecimenNumber	
☐ SusAutoUpdated		Reference laboratory SusReferenceLaboratory	
		Date results updated SusDateUpdated	
Molecular Typing			
MIRU MIRU		RFLP RFLP	
WGS WGS ☐		ClusterID ClusterID	
Lineage Lineage		Sublineage Sublineage	
		WGS Cluster ID WGSClusterID	
Updated TypingAutoUpdated		Specimen Number TypingSpecimenNumber	
☐ Date Results Updated TypingDateUpdated			

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Clinical Course and Outcome	
Date of onset* OnsetDt	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown
☐ Asymptomatic Asymptomatic	
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	
Has HIV test been performed* HIVTest	☐ Yes ☐ No ☐ Unknown
Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ImmunoIll	☐ Yes ☐ No ☐ Unknown
If yes, specify ImmunoIllSpecify	
Immunosuppressive medication* ImmunoMed	☐ Yes ☐ No ☐ Unknown
Contact with a confirmed case of tuberculosis* ContCase	☐ Yes ☐ No ☐ Unknown
If yes, specify nature of contact* ContSpec	
If yes, did contact occur within New Zealand* ContNZ	☐ Yes ☐ No ☐ Unknown
If yes, specify name of case* ContNZName	
Born outside New Zealand* BornOutNZ	☐ Yes ☐ No ☐ Unknown
If yes, specify country of birth* BrtCountry	
If yes, date of arrival in NZ* ArrivDate	☐ Unknown ArrivDateUnknown
Current or recent residence in a household with a person (s) born outside New Zealand* CurrResid	☐ Yes ☐ No ☐ Unknown
If yes, specify country of birth* OthCountry	
Exposure in health care setting* ExpHlth	☐ Yes ☐ No ☐ Unknown
If yes, specify exposure* ExpHlthSpec	
Current or recent residence in an institution (e.g. prison)* Instute	☐ Yes ☐ No ☐ Unknown
If yes, specify details* InstuteSpec	
Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* ExpCattle	☐ Yes ☐ No ☐ Unknown
*If yes, specify exposure in detail CattleSpec	
Other risk factors for tuberculosis* RiskOthSpecify	
(specify*)	

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Protective Factors	
At any time prior to onset, had the case been immunised with BCG vaccine?* BCGVacc ☐ Yes ☐ No ☐ Unknown	
If yes, specify date given* BCGDate ☐ Unknown BCGDateUnknown	
If yes, how was this confirmed* BCGConf ☐ Scar ☐ Patient/Caregiver recall ☐ Documented ☐ Unknown	
Management	
CASE MANAGEMENT	
Under specialist care* SpecIstCare ☐ Yes ☐ No ☐ Unknown	
Name of specialist* SpecIstName	
Did the case receive treatment?* ☐ Yes ☐ Treatment declined ☐ Treatment inappropriate ☐ Unknown	
ReceivedTreatment	
If yes	
Date treatment started* StDateTmt ☐ Unknown StDateTmtUnknown	
Date treatment ended in NZ* EndDateNZTmt ☐ Unknown EndDateNZTmtUnknown	
Was treatment interrupted?* TmtInterrupted ☐ Yes ☐ No ☐ Unknown	
Yes	
Reason treatment ended* ReasonTmtEnded 	
☐ Tmt completed to the satisfaction of the prescribing doctor ☐ Went overseas (medical care not transferred or unknown) ☐ Refused to complete treatment ☐ Stopped due to pregnancy ☐ Discontinuation of interim treatment for LTBI (child <5 years) ☐ Transferred to overseas medical care ☐ Died ☐ Stopped treatment because of adverse effects ☐ Lost to follow up ☐ Reason unknown	
Did case receive DOT throughout the intensive phase of treatment?* ☐ Yes ☐ No ☐ Unknown	
DOTThrOutIntensive	
Did case receive DOT throughout the course of treatment?* DOTThrOut ☐ Yes ☐ No ☐ Unknown	
CONTACT MANAGEMENT (disease only)	
Did case have any contacts at risk of infection?* RiskInfect ☐ Yes ☐ No ☐ Unknown 	
If yes, type of contact:	
Close contacts* CloseCont	Number Identified
Casual contacts* CasualCont	
Comments*	
Comments	