

CASE REPORT FORM

Tuberculosis

Tuberculosis		EpiSurv No. <input type="text"/>	
Disease Name i			
<input type="radio"/> Tuberculosis disease - new case <input type="radio"/> Tuberculosis disease - relapse or reactivation <input type="radio"/> Latent tuberculosis infection (patient consent required) <input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)			
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName <input type="text"/>			
Notifier Identification i			
Reporting source* ReportSrc <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other			
Name of reporting source ReportName <input type="text"/>		Organisation ReportOrganisation <input type="text"/>	
Date reported* ReportDate <input type="text"/>	Laboratory sample date SampleDate <input type="text"/>	Contact phone ReportPhone <input type="text"/>	
Usual GP UsualGP <input type="text"/>	Practice GPPracticeName <input type="text"/>	GP phone GPPhone <input type="text"/>	
GP/Practice address Number <input type="text"/> Street <input type="text"/> Suburb <input type="text"/>			
GPAddress Town/City <input type="text"/>		Post Code <input type="text"/>	<input type="checkbox"/> GeoCode <input type="text"/>
Case Identification i			
Name of case* Surname Surname <input type="text"/>		Given Name(s) GivenName <input type="text"/>	
NHI number* NHINumber <input type="text"/>		Email Email <input type="text"/>	
Current address* Number <input type="text"/> Street <input type="text"/> Suburb <input type="text"/>			
CaseAddress Town/City <input type="text"/>		Post Code <input type="text"/>	<input type="checkbox"/> GeoCode <input type="text"/>
Phone (home) PhoneHome <input type="text"/>	Phone (work) PhoneWork <input type="text"/>	Phone (other) PhoneOther <input type="text"/>	
Case Demography			
Location TA* TA <input type="text"/>		DHB* DHB <input type="text"/>	
Date of birth* DateOfBirth <input type="text"/>		OR Age Age <input type="text"/> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits	
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown			
Occupation* Occupation <input type="text"/>			
Occupation location PlaceOfWork1Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name PlaceOfWork1 <input type="text"/>			
Address Number <input type="text"/> Street <input type="text"/> Suburb <input type="text"/>			
PlaceOfWork1Address Town/City <input type="text"/>		Post Code <input type="text"/>	<input type="checkbox"/> GeoCode <input type="text"/>
Alternative location PlaceOfWork2Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name PlaceOfWork2 <input type="text"/>			
Address Number <input type="text"/> Street <input type="text"/> Suburb <input type="text"/>			
PlaceOfWork2Address Town/City <input type="text"/>		Post Code <input type="text"/>	<input type="checkbox"/> GeoCode <input type="text"/>
Ethnic group case belongs to* (tick all that apply) i			
<input type="checkbox"/> NZ European EthNZEuroean <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoan <input type="checkbox"/> Cook Island Maori EthCookIslandMaori <input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan <input type="checkbox"/> Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 <input type="text"/> EthSpecify2 <input type="text"/>			

Tuberculosis	EpiSurv No. <input style="width: 80%;" type="text"/>
Basis of Diagnosis	
LABORATORY CRITERIA (i)	
Meets laboratory criteria for disease* LabConf	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Demonstration of acid-fast bacilli in a clinical specimen AcidFast	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify site AcidFSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) AcidFSiteSpec <input style="width: 50px;" type="text"/>
Isolation of <i>Mycobacterium tuberculosis</i> complex from a clinical specimen Isolation	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify site IsoSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) IsoSiteSpec <input style="width: 50px;" type="text"/>
Demonstration of <i>Mycobacterium tuberculosis</i> complex nucleic acid PCR	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
If yes, specify site PCRSite	<input type="radio"/> Sputum <input type="radio"/> Other (specify) PCRSiteSpec <input style="width: 50px;" type="text"/>
Histology strongly suggestive of tuberculosis Histology	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
MANTOUX STATUS	
Mantoux tests done* ManTest	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
Date* <input style="width: 80px;" type="text"/> mm induration* <input style="width: 40px;" type="text"/> mm	Date* <input style="width: 80px;" type="text"/> mm induration* <input style="width: 40px;" type="text"/> mm
ManDate1 Manmm1	ManDate2 Manmm2
Mantoux status* (tick most appropriate - must use definitions in TB guidelines) ManStatus	
<input type="radio"/> Mantoux Negative <input type="radio"/> Mantoux Positive <input type="radio"/> Mantoux Converted <input type="radio"/> Mantoux Unknown	
IGRA STATUS	
Test done* IGRATestDone	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Awaiting Results <input type="radio"/> Unknown
If yes, result IGRATestResult	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate
OTHER CRITERIA	
Treatment for presumptive TB* TmtPresumptive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Interim treatment for presumptive LTBI in children < 5 years* TmtPresLTBI	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
CLASSIFICATION*	
<input type="radio"/> Under investigation <input type="radio"/> Probable - presumptive <input type="radio"/> Confirmed <input type="radio"/> Not a case (i)	
Status	(no laboratory confirmation) (laboratory confirmation)
PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)	
Date of first tuberculosis diagnosis* <input style="width: 100px;" type="text"/>	Name of doctor* <input style="width: 150px;" type="text"/>
DateFirstTB	DrTBDig
Place where diagnosis made (town/city/country)* PlaceTBDig <input style="width: 250px;" type="text"/>	
Was diagnosis confirmed by laboratory testing?* TBDigLab	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Was the case treated?* CaseTreat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, duration of treatment* DurTreat	<input style="width: 60px;" type="text"/> months
ADDITIONAL CLINICAL DETAILS	
Site of disease (disease only)	
Pulmonary* Pulmon	<input type="radio"/> Yes <input type="radio"/> No
If yes,	
Radiology* Radiology	<input type="radio"/> Normal <input type="radio"/> Active TB <input type="radio"/> TB of Uncertain Activity <input type="radio"/> Not Done <input type="radio"/> Unknown
Evidence of cavity formation* EvidOfCavity	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Tuberculosis		EpiSurv No. <input style="width: 100px;" type="text"/>	
Basis of Diagnosis (continued)			
Extrapulmonary* Extrapulm <input type="radio"/> Yes <input type="radio"/> No			
If yes, tick all that apply*			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Lymph node (excl abdomen) LymphNode </div> <div> <input type="checkbox"/> Pleural Pleural </div> <div> <input type="checkbox"/> MiliaryTB MiliaryTB </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Bone/joint BoneJoint </div> <div> <input type="checkbox"/> Intraabdominal (excl renal) Intraabdominal </div> <div> <input type="checkbox"/> Renal/genitourinary tract RenalUrinaryTract </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Soft tissue/skin SoftTissueSkin </div> <div> <input type="checkbox"/> CNS TB (including meningitis) CNSTB </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Other site, specify OtherExtraPulmonarySite </div> <div> OtherExtraPulmonarySiteSpecify <input style="width: 150px;" type="text"/> </div> </div>			
How was case/infection discovered?* HowDisc			
<div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Contact follow-up </div> <div> <input type="radio"/> Immigrant/refugee screening </div> <div> <input type="radio"/> Attended practitioner with symptoms </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="radio"/> Other (specify) HowDiscSpec <input style="width: 150px;" type="text"/> </div> <div> <input type="radio"/> Unknown </div> </div>			
ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and PHF SCIENCE UPDATED)			
Mycobacterial species OrganIsol <input type="radio"/> <i>Mycobacterium tuberculosis</i> <input type="radio"/> <i>Mycobacterium bovis</i>			
<input type="radio"/> Other (*specify) OrganIsolSpec <input style="width: 200px;" type="text"/>			
Susceptibility testing results			
Isoniazid (0.1 mg/L) IsoniazidLow <input type="radio"/> Susceptible <input type="radio"/> Resistant			
Isoniazid (0.4 mg/L) IsoniazidHigh <input type="radio"/> Susceptible <input type="radio"/> Resistant			
Rifampicin Rifampicin <input type="radio"/> Susceptible <input type="radio"/> Resistant			
Ethambutol Ethambutol <input type="radio"/> Susceptible <input type="radio"/> Resistant			
Pyrazinamide Pyrazinamide <input type="radio"/> Susceptible <input type="radio"/> Resistant			
Moxifloxacin Moxifloxacin <input type="radio"/> Susceptible <input type="radio"/> Resistant			
<i>Other antibiotics (specify)</i>			
Antibiotic1	<input style="width: 100px;" type="text"/>	AntibioticSus1 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic2	<input style="width: 100px;" type="text"/>	AntibioticSus2 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic3	<input style="width: 100px;" type="text"/>	AntibioticSus3 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic4	<input style="width: 100px;" type="text"/>	AntibioticSus4 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic5	<input style="width: 100px;" type="text"/>	AntibioticSus5 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic6	<input style="width: 100px;" type="text"/>	AntibioticSus6 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic7	<input style="width: 100px;" type="text"/>	AntibioticSus7 <input type="radio"/> Susceptible	<input type="radio"/> Resistant
Specimen details			
Date specimen taken SusDateSpecimenTaken <input style="width: 100px;" type="text"/>		Specimen number SusSpecimenNumber <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> SusAutoUpdated		Reference laboratory SusReferenceLaboratory <input style="width: 100px;" type="text"/>	
		Date results updated SusDateUpdated <input style="width: 100px;" type="text"/>	
Molecular Typing			
MIRU MIRU <input style="width: 100px;" type="text"/>		RFLP RFLP <input style="width: 100px;" type="text"/>	
WGS WGS <input type="checkbox"/>		ClusterID ClusterID <input style="width: 100px;" type="text"/>	
Lineage Lineage <input style="width: 100px;" type="text"/>		Sublineage Sublineage <input style="width: 100px;" type="text"/>	
		WGS Cluster ID WGSClusterID <input style="width: 100px;" type="text"/>	
Updated TypingAutoUpdated <input type="checkbox"/>		Specimen Number TypingSpecimenNumber <input style="width: 100px;" type="text"/>	
Date Results Updated TypingDateUpdated <input style="width: 100px;" type="text"/>			

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Clinical Course and Outcome	
Date of onset* OnsetDt <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown <input type="checkbox"/> Asymptomatic Asymptomatic
Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date hospitalised* HospDt <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName <input style="width: 300px;" type="text"/>	
Died* Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date died* DiedDt <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If no, specify the primary cause of death* DiedOther <input style="width: 300px;" type="text"/>	
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)?* <input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No* OutbrkNo <input style="width: 150px;" type="text"/>	
Risk Factors	
Has HIV test been performed* HIVTest	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ImmunoIll	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify ImmunoIllSpecify <input style="width: 300px;" type="text"/>	
Immunosuppressive medication* ImmunoMed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Contact with a confirmed case of tuberculosis* ContCase	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify nature of contact* ContSpec <input style="width: 300px;" type="text"/>	
If yes, did contact occur within New Zealand* ContNZ	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify name of case* ContNZName <input style="width: 300px;" type="text"/>	
Born outside New Zealand* BornOutNZ	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify country of birth* BrtCountry <input style="width: 300px;" type="text"/>	
If yes, date of arrival in NZ* ArrivDate <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Unknown ArrivDateUnknown
Current or recent residence in a household with a person (s) born outside New Zealand* CurrResid	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify country of birth* OthCountry <input style="width: 300px;" type="text"/>	
Exposure in health care setting* ExpHlth	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify exposure* ExpHlthSpec <input style="width: 300px;" type="text"/>	
Current or recent residence in an institution (e.g. prison)* Instute	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, specify details* InstuteSpec <input style="width: 300px;" type="text"/>	
Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* ExpCattle	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
*If yes, specify exposure in detail CattleSpec <input style="width: 300px;" type="text"/>	
Other risk factors for tuberculosis* RiskOthSpecify (specify*) <input style="width: 600px; height: 50px;" type="text"/>	

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Protective Factors	
At any time prior to onset, had the case been immunised with BCG vaccine?* BCGVacc <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify date given* BCGDate <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown BCGDateUnknown	
If yes, how was this confirmed* BCGConf <input type="radio"/> Scar <input type="radio"/> Patient/Caregiver recall <input type="radio"/> Documented <input type="radio"/> Unknown	
Management	
CASE MANAGEMENT	
Under specialist care* SpecIstCare <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Name of specialist* SpecIstName <input style="width: 400px;" type="text"/>	
Did the case receive treatment?* ReceivedTreatment <input type="radio"/> Yes <input type="radio"/> Treatment declined <input type="radio"/> Treatment inappropriate <input type="radio"/> Unknown	
If yes	
Date treatment started* StDateTmt <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown StDateTmtUnknown	
Date treatment ended in NZ* EndDateNZTmt <input style="width: 100px;" type="text"/> <input type="checkbox"/> Unknown EndDateNZTmtUnknown	
Was treatment interrupted?* TmtInterrupted <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If Yes	
Reason treatment ended* ReasonTmtEnded 	
<div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Tmt completed to the satisfaction of the prescribing doctor <input type="radio"/> Went overseas (medical care not transferred or unknown) <input type="radio"/> Refused to complete treatment <input type="radio"/> Stopped due to pregnancy <input type="radio"/> Discontinuation of interim treatment for LTBI (child <5 years) </div> <div> <input type="radio"/> Transferred to overseas medical care <input type="radio"/> Died <input type="radio"/> Stopped treatment because of adverse effects <input type="radio"/> Lost to follow up <input type="radio"/> Reason unknown </div> </div>	
Did case receive DOT throughout the intensive phase of treatment?* DOTThrOutIntensive <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Did case receive DOT throughout the course of treatment?* DOTThrOut <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
CONTACT MANAGEMENT (disease only)	
Did case have any contacts at risk of infection?* RiskInfect <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	
If yes, type of contact:	
Close contacts* CloseCont	Number Identified <input style="width: 100px;" type="text"/>
Casual contacts* CasualCont	<input style="width: 100px;" type="text"/>
Comments*	
<div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	