

CASE REPORT FORM

Avian Influenza

	EpiSurv No.
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Reporting Authority			
Name of Public Health Officer responsible for case OfficerName			
Notifier Identification (i)			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory Report Src ☐ 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 houzenumber Street streetname Suburb suburb GpAddress Town/City towncity Post Code postcode ☐ GeoCode 			
Case Identification (i)			
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 ☐ AgeUnits ☐ Days ☐ Months ☐ Years Sex* Sex ☐ Male ☐ Female ☐ Unknown ☐ Other			
Occupation* Occupation (i)			
Occupation location Occupation_place_type - main ☐ Place of Work ☐ School ☐ Pre-school			
Name occupation_place_name - main			
Address Number Street Suburb PlaceOfWork - Main Town/City Post Code ☐ GeoCode 			
Alternative location Occupation_place_type - Alternative ☐ Place of Work ☐ School ☐ Pre-school Name occupation_place_name - Alternative			
Address Number Street Suburb PlaceOfWork-Alternative Town/City Post Code ☐ GeoCode 			
Ethnic group case belongs to* (tick all that apply) (i)			
☐ NZ European EthNZEuroean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori ☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan ☐ Other (such as Dutch, Japanese, Tokelauan) EthOther *(specify) EthSpecify1 EthSpecify2			

DiseaseName	EpiSurv No. EpiSurvNumber
Additional Case Information	
Usual place of residence if different from current address (on first page)*	
Country ResidCountry	Region or province ResidRegion District or TA equivalent ResidDistrict
Basis of Diagnosis	
CLINICAL CRITERIA (i)	
Fits clinical description* FitClinDes ☐ Yes ☐ No ☐ Unknown	
Was the case asymptomatic?* Asymptomatic ☐ Yes ☐ No ☐ Unknown	
If no, list all symptoms (tick all that apply)*	
☐ History of fever/chills FeverGT38	☐ Cough Cough
☐ General weakness Weakness	☐ Headache Headache
☐ Nausea/vomiting NausVom	☐ Abdominal pain PainAbdom
☐ Sore throat SoreThroat	☐ Muscular pain PainMusc
☐ Runny nose RunNose	☐ Chest pain PainChest
☐ Shortness of breath ShBreath	☐ Joint pain PainJoint
☐ Irritability/confusion IritConfus	☐ Conjunctivitis Conjunctvts
☐ Other symptoms, specify* OthSymptoms OthSymSpec	
Clinical signs (tick all that apply)*	
☐ Abnormal lung x-ray findings/pneumonia LungXray	☐ Coma/loss of consciousness Coma
☐ Meningitis/encephalitis MeningEnceph	
LABORATORY CRITERIA (i)	
Laboratory confirmation of avian influenza* LabConf ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
If yes, specify laboratory confirmation method (tick all that apply)*	
Positive PCR test for influenza A PCRFluA ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
If yes, subtyping result FluASubtype ☐ H5 ☐ H7 ☐ H9 ☐ Not Done ☐ Awaiting Results	
Four-fold or greater rise in HPAI virus-specific neutralising antibodies* Titre4x ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Whole genome sequencing characterisation avian influenza* WGSCharm ☐ Yes ☐ No ☐ Not Done ☐ Awaiting results	
Other positive test (specify*) OthPosSpec	
EPIDEMIOLOGICAL CRITERIA (i)	
Fits epidemiological criteria?* FitsEpi ☐ Yes ☐ No ☐ Unknown	
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case (i)	
ADDITIONAL LABORATORY DETAILS	
Organism subtype (eg H and N type/clade)* AddLab	
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	
If no, specify the primary cause of death* DiedOther	

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Additional Outcome Details	
Was the case in ICU?* ICU	☐ Yes ☐ No ☐ Unknown
Ventilation required* VentReqd	☐ Yes ☐ No ☐ Unknown
Extracorporeal membrane oxygenation required (ECMO)* ECMO	☐ Yes ☐ No ☐ Unknown
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)?*	
Outbrk ☐ Yes	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	
Specify countries visited (from most recent to least recent)*	
Sequence	Country
Last:*	LastCountry
Second Last:*	SecCountry
Third Last:*	ThirdCountry
Fourth Last:*	FourthCountry
City/Region	Date Entered
LastRegion	LastDtEntered
SecRegion	SecDtEntered
ThirdRegion	ThirdDtEntered
FourthRegion	FourthDtEntered
Date Departed	
LastDtDeparted	
SecDtDeparted	
ThirdDtDeparted	
FourthDtDeparted	
During the incubation period, did the case undertake any of the following activities?* (tick all that apply) <i>Please answer in addition to the occupation question on the first page.</i>	
☐ Human healthcare work HumHCare	☐ Animal healthcare work AnimHCare
☐ Health laboratory work HumHLab	☐ Animal health laboratory work AnimHLab
If undertaking laboratory work, are avian influenza virus samples handled there? AvInfLab ☐ Yes ☐ No ☐ Unknown	
☐ Work or recreation with wild or domestic animals (tick all that apply) ExpAnimals	
☐ Wild birds WildBirds	☐ Commercial poultry ComPoultry
☐ Domestic birds DomBirds	☐ Cats Cats
☐ Other domestic pets OtherPets	
☐ Cattle Cattle	☐ Marine animals MarineAn
☐ Other animal OtherAn	specify OtherAnSpec
If yes to any, describe animal contact AnContSpec	
During the incubation period, did the case have close contact with a probable or confirmed human case of avian influenza?* ContCase ☐ Yes ☐ No ☐ Unknown	
If yes, EpiSurv number of probable or confirmed case* ContCaseID	
Underlying conditions (tick all that apply)*	
☐ Pregnancy Pregnancy If yes, trimester Trimester	☐ Post-partum (< 6 weeks) PostPartum
☐ Cardiovascular disease, including hypertension CVD	☐ Immunodeficiency, including HIV ImmunoDef
☐ Diabetes Diabetes	☐ Renal failure RenalFailure
☐ Liver disease LiverDis	☐ Chronic lung disease ChronLung
☐ Chronic neurological or neuromuscular disease Neurological	☐ Malignancy Malignancy
☐ Other underlying condition OthUndCond	specify OthCondSpec
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	
Has the case had pre-pandemic influenza vaccination in the last 12 months?* PrePVacc ☐ Yes ☐ No ☐ Unknown	
If yes, specify date of last vaccination* DtPrePVacc	

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Management																	
CASE MANAGEMENT																	
Was the case advised to isolate for an appropriate period?* Isolation ☐ Yes ☐ No ☐ Unknown 																	
If yes, isolation start date* IsolStartDt Isolation end date* IsolEndDt																	
ANTI-VIRAL STATUS																	
Did the case receive antivirals?* AntiVTmt ☐ Yes ☐ No ☐ Unknown 																	
If yes, provide additional details below:																	
Purpose of antiviral administration* (tick all that apply)																	
☐ Post-exposure prophylaxis PostExpP	☐ Treatment Treatment																
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Medication*</td> <td style="width: 50%;">Date Started</td> </tr> <tr> <td>☐ Oseltamivir phosphate (Tamiflu®)* Oseltamivir</td> <td>DtOseltamivir </td> </tr> <tr> <td>☐ Baloxavir (Xofluza ®)* Baloxavir</td> <td>BaloxavirDt </td> </tr> <tr> <td>☐ Other, specify* OtherAntiV OthAntiVSpec </td> <td>OthAntiVDt </td> </tr> </table>		Medication*	Date Started	☐ Oseltamivir phosphate (Tamiflu®)* Oseltamivir	DtOseltamivir	☐ Baloxavir (Xofluza ®)* Baloxavir	BaloxavirDt	☐ Other, specify* OtherAntiV OthAntiVSpec	OthAntiVDt								
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Was the prescribed dose of antiviral medication taken every day prior to illness?* AntiVEvDay ☐ Yes ☐ No ☐ Unknown 																	
If antivirals have not been received, are they planned?* AVPlanned ☐ Yes ☐ No ☐ Unknown 																	
If antiviral treatment was considered but not given, specify reason* (tick all that apply)																	
☐ Does not meet case definition ReasNotCase	☐ Outside treatment window ReasTmtWdw																
☐ Person refused ReasRefused	☐ Unknown ReasUnknown																
☐ Other (specify) ReasOther ReasOthSpec																	
CONTACT MANAGEMENT																	
Please summarise all high risk contacts of the case																	
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