

CASE REPORT FORM

Enteric Disease

Enteric Disease		EpiSurv No. EpiSurvNumber	
Disease Name DiseaseName 			
☐ Gastroenteritis - unknown cause ☐ Gastroenteritis/foodborne intoxication - specify DiseaseCauseName			
☐ Campylobacteriosis ☐ Cholera ☐ Cryptosporidiosis ☐ Giardiasis			
☐ Paratyphoid fever ☐ Salmonellosis ☐ Shigellosis ☐ Typhoid fever ☐ Yersiniosis			
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 GPAddress 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 ☐ Unknown ☐ Other			
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 EthNZEuropan		☐ Maori EthMaori	
☐ Niuean EthNiuean		☐ Chinese EthChinese	
☐ Other (such as Dutch, Japanese) EthOther		☐ Samoan EthSamoan	
		☐ Cook Island Maori EthCookIslandMaori	
		☐ Indian EthIndian	
		☐ Tongan EthTongan	
		*(specify) EthSpecify1 EthSpecify2	

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Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description* FitClinDes ☐ Yes ☐ No ☐ Unknown	
LABORATORY CRITERIA (refer to case definition)	
Meets laboratory criteria* LabConf ☐ Yes ☐ No ☐ Unknown	
Isolation (culture) of organism* IsolnOrg ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Specify site* IsolnSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	IsolnSiteSpec
Detection of organism nucleic acid (eg PCR)* PCR ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Specify site* PCRSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	PCRSiteSpec
Detection of organism antigen* Antigen ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Specify site* AntigenSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	AntigenSiteSpec
Demonstration by microscopy of oocysts/cysts/ trophozoites* Microsc ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Specify site* MicroscSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	MicroscSiteSpec
Detection of toxin* Toxin ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
Specify site* ToxinSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	ToxinSiteSpec
Other positive test (e.g. serology), specify test and result* OtherTest	
Specify site* OtherTestSite ☐ Faeces ☐ Blood ☐ Other site (*specify)	OtherTestSiteSpec
Organism / toxin isolated or detected from linked food or water* OrgFood ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results	
EPIDEMIOLOGICAL CRITERIA	
Contact with a confirmed case of the same disease* ContCase ☐ Yes ☐ No ☐ Unknown (If yes also record details in risk factors section)	
Part of an identified common source outbreak* ComSceObrk ☐ Yes ☐ No ☐ Unknown (If yes also record details in outbreak section and risk factors section)	
CLASSIFICATION* Status ☐ Under Investigation ☐ Probable ☐ Confirmed ☐ Not a case 	
ADDITIONAL LABORATORY DETAILS	
Organism species /serotype / phage toxin etc*	AddLab
	AddLab2
	AddLab3
ESR Updated ☐ AutoUpdated Laboratory	Laboratory
Date result updated SampleDate	
Sample Number	SampleNumber
Was whole genome sequencing / genotyping done? Genome ☐ Yes ☐ No ☐ Unknown	
If yes, laboratory where done GenomeLab	
Date GenomeDate	
ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES	
Were there any food, water or environmental samples associated with this case? ☐ Yes ☐ No ☐ Unknown	
AssocSample	
If yes, specify type(s) and results	
Sample Type	Sample Number
Result	
SmplType1	SmplNumber1
SmplResult1	
SmplType2	SmplNumber2
SmplResult2	
SmplType3	SmplNumber3
SmplResult3	

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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 	
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	
FOOD PREMISES	
Did the case consume food from a food premise during the incubation period?~ ☐ Yes ☐ No ☐ Unknown	
If yes, specify Premises	
1. Name of premise PremiseSpec1	
Address Number houzenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Foods eaten FoodsEaten1 Date consumed DateConsumed1	
Comments Comments1 Status Implicated1 ☐ Suspected ☐ Confirmed ☐ Exonerated	
2. Name of premise PremiseSpec2	
Address Number houzenumber Street streetname Suburb suburb Town/City towncity Post Code postc... ☐ GeoCode geocode addressmatchaccuracy	
Foods eaten FoodsEaten2 Date consumed DateConsumed2	
Comments Comments2 Status Implicated2 ☐ Suspected ☐ Confirmed ☐ Exonerated	
3. Name of premise PremiseSpec3	
Address Number houzenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur...	
Foods eaten FoodsEaten3 Date consumed DateConsumed3	
Comments Comments3 Status Implicated3 ☐ Suspected ☐ Confirmed ☐ Exonerated	
RAW MILK	
Did the case consume raw (unpasteurised) milk or products made from raw milk during the incubation period?~ RwMilk ☐ Yes ☐ No ☐ Unknown	
If yes, specify type of product(s) e.g. milk, yoghurt, cheese brand(s) where obtained	
Product 1: RwMilkProd1 RwMilkBrand1 RwMilkSce1	
Product 2: RwMilkProd2 RwMilkBrand2 RwMilkSce2	
Product 3: RwMilkProd3 RwMilkBrand3 RwMilkSce3	

Enteric Disease	EpiSurv No. EpiSurvNumber
Risk Factors continued ?	
DRINKING WATER Current address* water supply code CurrWSCode or specify CurrWSSpec Work/school/pre-school* water supply code WorkWSCode or specify WorkWSSpec Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ NonHabWS ☐ Yes ☐ No ☐ Unknown If yes, specify address* NonHabStreet1 NonHabSuburb1 NonHabCity1 Water supply code NonHabSupply1 NonHabStreet2 NonHabSuburb2 NonHabCity2 Water supply code NonHabSupply2 Did the case consume untreated surface water, bore water or rain water during the incubation period?~ Untreated ☐ Yes ☐ No ☐ Unknown If yes, specify water source:~ UntreatedSource	
RECREATIONAL WATER CONTACT Did the case have recreational contact with water during the incubation period?~ ☐ Yes ☐ No ☐ Unknown If yes, nature of contact RecContWtr ☐ Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool) Pool 1. Name of pool PoolSpec1 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccura... Comments PoolComment1 Date of exposure PoolDate1 2. Name of pool PoolSpec2 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur... Comments PoolComment2 Date of exposure PoolDate2 3. Name of pool PoolSpec3 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchacc... Comments PoolComment3 Date of exposure PoolDate3 ☐ Swimming in streams, rivers, sea etc RiverSea 1. Name of stream/river/beach RiverSeaSpec1 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy Comments RiverSeaComment1 Date of exposure RiverSeaDate1 2. Name of stream/river/beach RiverSeaSpec2 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy Comments RiverSeaComment2 Date of exposure RiverSeaDate2 3. Name of stream/river/beach RiverSeaSpec3 Address Number houenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy Comments RiverSeaComment3 Date of exposure RiverSeaDate3 	

Enteric Disease	EpiSurv No. EpiSurvNumber												
Risk Factors continued													
RECREATIONAL WATER CONTACT													
☐ Other recreational contact with water OthRecCont OthRecSpec Date of exposure OthRecDate													
Location of other recreational contact with water OthWater													
HUMAN CONTACT													
Attendance at school, preschool or childcare~ AttenSch ☐ Yes ☐ No ☐ Unknown													
Did the case have contact with other symptomatic people during the incubation period?~ OthSym ☐ Yes ☐ No ☐ Unknown													
If yes, specify type of contact OthSymCont													
If yes, give names of people OthSymCases													
Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~ ContFaecal ☐ Yes ☐ No ☐ Unknown													
If yes, specify what they had contact with ContFaecalSpec													
ANIMAL CONTACT													
Did the case have contact with farm animals during the incubation period?~ Farm ☐ Yes ☐ No ☐ Unknown													
If yes, specify type of animal FarmSpec													
Did the case have contact with sick animals during the incubation period?~ SickAn ☐ Yes ☐ No ☐ Unknown													
If yes, specify type of animal and illness SickAnSpec													
OVERSEAS TRAVEL													
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*	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Country</th> <th style="width: 20%;">Date Entered</th> <th style="width: 20%;">Date Departed</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Last (most recent):*</td> <td style="padding: 2px;"> LastCountry </td> <td style="padding: 2px;"> LastDtArrived LastDtDeparted </td> </tr> <tr> <td style="padding: 2px;">Second last:*</td> <td style="padding: 2px;"> SecCountry </td> <td style="padding: 2px;"> SecDtArrived SecDtDeparted </td> </tr> <tr> <td style="padding: 2px;">Third last:*</td> <td style="padding: 2px;"> ThirdCountry </td> <td style="padding: 2px;"> ThirdDtArrived ThirdDtDeparted </td> </tr> </tbody> </table>	Country	Date Entered	Date Departed	Last (most recent):*	LastCountry	LastDtArrived LastDtDeparted	Second last:*	SecCountry	SecDtArrived SecDtDeparted	Third last:*	ThirdCountry	ThirdDtArrived ThirdDtDeparted
Country	Date Entered	Date Departed											
Last (most recent):*	LastCountry	LastDtArrived LastDtDeparted											
Second last:*	SecCountry	SecDtArrived SecDtDeparted											
Third last:*	ThirdCountry	ThirdDtArrived ThirdDtDeparted											
If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* PriorTravel ☐ Yes ☐ No ☐ Unknown													
If yes, specify* PriorSpec													
OTHER													
For shigellosis in males aged ≥ 15 years, did the case have sexual contact with another male/other males during the incubation period? MSM ☐ Yes ☐ No ☐ Unknown													
If yes, did the case visit any 'sex on premises' venues or attend any events involving sexual activity during the incubation period SexPremises ☐ Yes ☐ No ☐ Unknown													
If yes, name of the venue/event SexVenue1 Date visited or event date SexVenueDt1													
venue 2 SexVenue2 2nd Date SexVenueDt2													
venue 3 SexVenue3 3rd Date SexVenueDt3													
Other risk factor for disease (specify)~ RiskSpec													
Source													
Was a source confirmed by*													
a) Epidemiological evidence* SceConfEpi ☐ Yes ☐ No ☐ Unknown e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case													
b) Laboratory evidence* SceConfLab ☐ Yes ☐ No ☐ Unknown e.g. organism or toxin of same type identified in food or drink consumed by case													

Enteric Disease

EpiSurv No.

Source continued

Specify confirmed source(s)*

- ☐ From consumption of contaminated food or drink, specify food or drink **ConfFD**

- ☐ From consumption of contaminated drinking water, specify supply **ConfDW**

- ☐ From contact with infected animal, specify type of animal **ConfInfAnim**

- ☐ Person to person contact with another case, specify relationship to case **ConfPP**

- ☐ From other confirmed source, specify source **ConfOtherSce**

If not confirmed, were any probable sources identified?* **SceProb** ☐ Yes ☐ No ☐ Unknown

Specify probable source(s)*

- ☐ From consumption of contaminated food or drink, specify food or drink **ProbFD**

- ☐ From consumption of contaminated drinking water, specify supply **ProbDW**

- ☐ From contact with infected animal, specify type of animal **ProbInfAnim**

- ☐ Person to person contact with another case, specify relationship to case **ProbPP**

- ☐ From other probable source, specify source **ProbOtherSce**

Management

CASE MANAGEMENT

Case excluded from work or school/preschool/childcare until well? **Excluded** ☐ Yes ☐ No ☐ NA ☐ Unknown

Does the case fit any of the following high risk categories?

Early childhood centre work **ChildWorker**

☐ Yes ☐ No ☐ Unknown

Food handler **FoodHandler**

☐ Yes ☐ No ☐ Unknown

Water supply worker **WaterWorker**

☐ Yes ☐ No ☐ Unknown

Intellectually/physically impaired **IHC**

☐ Yes ☐ No ☐ Unknown

Healthcare/rest-home worker **HealthWorker**

☐ Yes ☐ No ☐ Unknown

If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? **TestClear**

☐ Yes ☐ No ☐ NA ☐ Unknown

CONTACT MANAGEMENT

Number of contacts identified **NoContacts**

Number of contacts followed up according to national or local protocols **NoFollowup**

Comments*

Comments

Enteric Disease		EpiSurv No. EpiSurvNumber	
Food Premises			
4. Name of premise PremiseSpec4			
Address Number houzenumber Street streetname Suburb suburb			
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
Foods eaten FoodsEaten4		Date consumed DateConsumed4	
Comments Comments4		Status Implicated4 ☐ Suspected ☐ Confirmed ☐ Exonerated	
5. Name of premise PremiseSpec5			
Address Number houzenumber Street streetname Suburb suburb			
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
Foods eaten FoodsEaten5		Date consumed DateConsumed5	
Comments Comments5		Status Implicated5 ☐ Suspected ☐ Confirmed ☐ Exonerated	
6. Name of premise PremiseSpec6			
Address Number houzenumber Street streetname Suburb suburb			
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
Foods eaten FoodsEaten6		Date consumed DateConsumed6	
Comments Comments6		Status Implicated6 ☐ Suspected ☐ Confirmed ☐ Exonerated	
7. Name of premise PremiseSpec7			
Address Number houzenumber Street streetname Suburb suburb			
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy...			
Foods eaten FoodsEaten7		Date consumed DateConsumed7	
Comments Comments7		Status Implicated7 ☐ Suspected ☐ Confirmed ☐ Exonerated	
8. Name of premise PremiseSpec8			
Address Number houzenumber Street streetname Suburb suburb			
Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy			
Foods eaten FoodsEaten8		Date consumed DateConsumed8	
Comments Comments8		Status Implicated8 ☐ Suspected ☐ Confirmed ☐ Exonerated	

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* core surveillance data, ~ optional data