

CASE REPORT FORM

Generic

DiseaseName	EpiSurv No.
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Disease Name	
DiseaseName	
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName 	
Notifier Identification i	
Reporting source* ReportSrc ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName Organisation ReportOrganisation 	
Date reported* Laboratory sample date Contact phone ReportDate SampleDate ReportPhone	
Usual GP UsualGP Practice GPPracticeName GP phone GPPhone 	
GP/Practice address Number Street Suburb GPAddress Town/City Post Code ☐ 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 ☐ 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) 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) EthOther *(specify) EthSpecify1 EthSpecify2 	

DiseaseName	EpiSurv No.
Basis of Diagnosis	
CLINICAL CRITERIA (refer to case definition)	
Fits Clinical Description* FlitClinDes	☐ Yes ☐ No ☐ Unknown
If diphtheria, type* DiphthType	☐ Cutaneous ☐ Respiratory
If leprosy, clinical form* LeprosyForm	☐ Tuberculoid (TT) ☐ Borderline (BB) ☐ Lepromatous (LL)
If hydatid disease, radiological/imaging evidence of characteristic cystic disease* HydRadioEvid	☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA (refer to case definition)	
Laboratory confirmation of disease* LabConf	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify form of lab confirmation (tick all that apply)*	
Isolation of organism from clinical specimen IsolOrg	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Detection of organism by NAAT from clinical specimen NAAT	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Positive IgM antibody PosIgM	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Significant rise in antibody level SigAntibody	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Other positive test* OthPosTest	
EPIDEMIOLOGICAL CRITERIA (refer to case definition)	
Contact with a laboratory confirmed case of the same disease* ConfCase	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION* Status	☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case i
ADDITIONAL LABORATORY DETAILS	
If Leprosy, acid bacilli result* AcidFast	☐ Multibacillary ☐ Paucibacillary
Other lab details: 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	
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	
Occupational exposure to disease reservoir* ExpOccup	☐ Yes ☐ No ☐ Unknown
If yes specify exposure in detail:* ExpOccSpec	
Attendance at school, pre-school or childcare* AttenSch	☐ Yes ☐ No ☐ Unknown

DiseaseName	EpiSurv No.
Risk Factors continued	
Was the case overseas during the incubation period for this disease* Overseas ☐ Yes ☐ No ☐ Unknown	
(refer to the Manual for Public Health surveillance in New Zealand or specific Ministry of Health guidance for incubation periods)	
If yes, date arrived in New Zealand* DtArrived	
Specify countries visited* (from most recent to least recent)	
Country/Region	Date Entered
Date Departed	
Last:	LastCountry LastDtEntered LastDtDeparted
Second Last:	SecCountry SecDtEntered SecDtDeparted
Third Last:	ThirdCountry ThirdDtEntered 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 risk factors for disease* 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 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	
If yes, specify confirmed source:* SceConfSpecify	
If not, were any probable sources identified?* SceProb ☐ Yes ☐ No ☐ Unknown	
If yes, specify probable source(s):* SceProbSpecify	
Protective Factors	
Prior to onset, had the case been immunised with appropriate vaccine?* Immunised ☐ Yes ☐ No ☐ NA ☐ Unknown	
If yes, specify date of last vaccination* ImmDate	
If yes, how was vaccination status confirmed* ImmBasis ☐ Patient/Caregiver recall ☐ Documented ☐ NA ☐ Unknown	

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare for an appropriate period **Excluded** ☐ Yes ☐ No ☐ NA ☐ Unknown

CaseMgmtComm

CONTACT MANAGEMENT

Number of contacts identified (if applicable) **NumCont**

Number of contacts followed up according to national or local protocols (if applicable) **NumContProt**

ContMgmtComm

Comments*

Comments