

CASE REPORT FORM

VTEC/STEC Infection

VTEC/STEC infection		EpiSurv No. EpiSurvNumber	
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* 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 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			

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Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description* FitClinDes	☐ Yes ☐ No ☐ Unknown
Clinical features*	
Diarrhoea Diarrhoea	☐ Yes ☐ No ☐ Unknown
Haemorrhagic colitis (bloody diarrhoea) HColitis	☐ Yes ☐ No ☐ Unknown
Haemolytic uraemic syndrome (HUS) HUS	☐ Yes ☐ No ☐ Unknown
Thrombotic thrombocytopenic purpura (TTP) TTP	☐ Yes ☐ No ☐ Unknown
LABORATORY CRITERIA	
Meets laboratory criteria* LabConf	☐ Yes ☐ No ☐ Unknown
Isolation of Shiga toxin producing <i>E. coli</i> from a clinical specimen* Isolation	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Detection of the genes associated with the production of Shiga toxin in <i>E. coli</i> (PCR)* PCRGenes	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case i	
ADDITIONAL LABORATORY DETAILS	
Organism serotype 1 AddLab 	Sequence type 1 SeqType
Organism serotype 2 AddLab2 	Sequence type 2 SeqType2
Updated ☐ AutoUpdated Laboratory 	
Date 1st result updated SampleDate 	1st sample number SampleNumber
Date 2nd result updated SampleDate2 	2nd sample number SampleNumber2
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 	

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EpiSurv No. **Risk Factors****FOOD**

Did the case consume any of the following items during the week before becoming ill?*

Food item	☐ Y ☐ N ☐ U	If yes specify type, and	specify brand, and	where obtained (e.g. supermarket, Restaurant, friend's house, etc.)
Raw milk or products made from raw milk RwMilk	☐ Y ☐ N ☐ U	RWMLKSpec RWMLKSpec	RWMLKBrand RWMLKBrand	RWMLKSource RWMLKSource
Dairy products (e.g. cheese, yoghurt) Dairy	☐ Y ☐ N ☐ U	DairySpec DairySpec	DairyBrand DairyBrand	DairySource DairySource
Beef or beef products (e.g. mince, hamburger) Beef	☐ Y ☐ N ☐ U	BeefSpec BeefSpec	BeefBrand BeefBrand	BeefSource BeefSource
Lamb or hogget or mutton Lamb	☐ Y ☐ N ☐ U	LambSpec LambSpec	LambBrand LambBrand	LambSource LambSource
Chicken or poultry Poult	☐ Y ☐ N ☐ U	PoultSpec PoultSpec	PoultBrand PoultBrand	PoultSource PoultSource
Processed meats (e.g. luncheon, salami, ham) ProcMeat	☐ Y ☐ N ☐ U	ProcSpec ProcSpec	ProcBrand ProcBrand	ProcSource ProcSource
Home kill meat Killed	☐ Y ☐ N ☐ U	KilledSpec KilledSpec	KilledBrand KilledBrand	KilledSource KilledSource
Any pink or undercooked meat Pink	☐ Y ☐ N ☐ U	PinkSpec PinkSpec	PinkBrand PinkBrand	PinkSource PinkSource
Raw fruit / vegetables Fruit	☐ Y ☐ N ☐ U	FruitSpec FruitSpec	FruitBrand FruitBrand	FruitSource FruitSource
Fruit / vegetable juice Juice	☐ Y ☐ N ☐ U	JuiceSpec JuiceSpec	JuiceBrand JuiceBrand	JuiceSource JuiceSource

WATER

Water supply code or nature of water supply (e.g. bore, roof, spring)*

Current address* water supply code **CurrWSCode** or specify **CurrWSSpec**

Work / school / pre-school* water supply code **WorkWSCode** or specify **WorkWSSpec**

Non-habitual water supply within the last week* **NonHabWS** ☐ Yes ☐ No ☐ Unknown

If yes, specify* **NonHabSpec**

Recreational contact with water during week before becoming ill* **RecContWtr** ☐ Yes ☐ No ☐ Unknown

If yes, nature of contact*

☐ Swimming in public swimming pool*, name of pool(s)* **PublicPool** **PubPoolSpec**

☐ Swimming in other pool*, location of pool(s)* **OtherPool** **OthPoolSpec**

☐ Use of spa pool*, *location of spa pool(s)* **SpaPool** **SpaPoolSpec**

☐ Swimming in stream or river (including canoeing)* **River** Name of river/stream(s)* **RiverSpec**

☐ Other recreational contact with water*, specify* **OthRecCont** **OthRecSpec**

ANIMAL CONTACTDid the case have contact with animals in the week before becoming ill?* **ContAnim** ☐ Yes ☐ No ☐ Unknown

If yes, nature of contact*

Household pets* **Pets** ☐ Yes ☐ No ☐ Unknown Specify* **PetsSpec**

Farm animals* **Farm** ☐ Yes ☐ No ☐ Unknown Specify* **FarmSpec**

Other animals* **OthAnim** ☐ Yes ☐ No ☐ Unknown Specify* **OthAnimSpec**

Animal manure* **Manure** ☐ Yes ☐ No ☐ Unknown Specify* **ManureSpec**

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EpiSurv No. **Risk Factors continued****HUMAN CONTACT**

In the week before becoming ill, did the case:

Attend school, pre-school or childcare* **AttenSch**☐ Yes ☐ No ☐ UnknownAttend any social functions* **AttenFunc**☐ Yes ☐ No ☐ UnknownIf yes, give detail* **FuncSpec**Have contact with children in nappies* **Nappies**☐ Yes ☐ No ☐ UnknownHave contact with a person with similar symptoms* **Contact**☐ Yes ☐ No ☐ UnknownIf yes, specify nature of contact* **NatuContact**Date of onset of illness in other case* **ContOnset**or ☐ Unknown **ContOnsetUnknown****OVERSEAS TRAVEL**Was the case overseas during the incubation period for this disease
(range= 3-8 days) for VTEC / STEC infection?* **Overseas**☐ Yes ☐ No ☐ UnknownIf yes, date arrived in New Zealand* **ArriveNZ**

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**Did the case travel within New Zealand during the week before
becoming ill?* **TravNZ**☐ Yes ☐ No ☐ UnknownSpecify where in New Zealand the case travelled* **TravNZSpec****OTHER**Did the case have any contact with sewage during the week before
becoming ill?* **Sewage**☐ Yes ☐ No ☐ UnknownDid the case handle raw meat or offal (including raw meat or offal given
to pets) during the week before becoming ill?* **Offal**☐ Yes ☐ No ☐ UnknownOther risk factors for VTEC/STEC infection (specify)* **RiskSpec****Management****CASE MANAGEMENT**Case excluded from work or school, pre-school or childcare until well*
Excluded☐ Yes ☐ No ☐ NA ☐ UnknownIf the case works as food handler, or is employed to care for patients,
elderly, or children aged <5 years, was the case excluded from work
until microbiological clearance achieved?* **TestClear**☐ Yes ☐ No ☐ NA ☐ UnknownNumber of contacts screened for infection as per local protocols* **NoScreened**Number of screened contacts that are identified with VTEC/STEC disease* **NoVTEC**

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EpiSurv No. EpiSurvNumber

Comments*

Comments