

CASE REPORT FORM

Tuberculosis

Tuberculosis		EpiSurv No.	
Disease Name i			
☐ Tuberculosis disease - new case ☐ Tuberculosis disease - relapse or reactivation ☐ Latent tuberculosis infection (patient consent required) ☐ Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)			
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		Town/City Post Code ☐ GeoCode	
GPAAddress			
Case Identification i			
Name of case* Surname Surname		Given Name(s) GivenName	
NHI number* NHINumber		Email Email	
Current address* Number Street Suburb		Town/City Post Code ☐ GeoCode	
CaseAddress			
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 ☐ Indeterminate ☐ Unknown			
Occupation* Occupation			
Occupation location PlaceOfWork1Type ☐ Place of Work ☐ School ☐ Pre-school			
Name PlaceOfWork1			
Address Number Street Suburb		Town/City Post Code ☐ GeoCode	
PlaceOfWork1Address			
Alternative location PlaceOfWork2Type ☐ Place of Work ☐ School ☐ Pre-school			
Name PlaceOfWork2			
Address Number Street Suburb		Town/City Post Code ☐ GeoCode	
PlaceOfWork2Address			
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	
LABORATORY CRITERIA (i)	
Meets laboratory criteria for disease* LabConf	☐ Yes ☐ No ☐ Unknown
Demonstration of acid-fast bacilli in a clinical specimen AcidFast	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site AcidFSite	☐ Sputum ☐ Other (specify) AcidFSiteSpec
Isolation of <i>Mycobacterium tuberculosis</i> complex from a clinical specimen Isolation	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site IsoSite	☐ Sputum ☐ Other (specify) IsoSiteSpec
Demonstration of <i>Mycobacterium tuberculosis</i> complex nucleic acid PCR	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
If yes, specify site PCRSite	☐ Sputum ☐ Other (specify) PCRSiteSpec
Histology strongly suggestive of tuberculosis Histology	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
MANTOUX STATUS	
Mantoux tests done* ManTest	☐ Yes ☐ No ☐ Awaiting Results ☐ Unknown
Date* mm induration* mm	Date* mm induration* mm
ManDate1 Manmm1	ManDate2 Manmm2
Mantoux status* (tick most appropriate - must use definitions in TB guidelines) ManStatus	
☐ Mantoux Negative ☐ Mantoux Positive ☐ Mantoux Converted ☐ Mantoux Unknown	
IGRA STATUS	
Test done* IGRATestDone	☐ Yes ☐ No ☐ Awaiting Results ☐ Unknown
If yes, result IGRATestResult	☐ Positive ☐ Negative ☐ Indeterminate
OTHER CRITERIA	
Treatment for presumptive TB* TmtPresumptive	☐ Yes ☐ No ☐ Unknown
Interim treatment for presumptive LTBI in children < 5 years* TmtPresLTBI	☐ Yes ☐ No ☐ Unknown
CLASSIFICATION*	
☐ Under investigation ☐ Probable - presumptive ☐ Confirmed ☐ Not a case (i)	
Status	(no laboratory confirmation) (laboratory confirmation)
PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)	
Date of first tuberculosis diagnosis*	Name of doctor*
DateFirstTB	DrTBDig
Place where diagnosis made (town/city/country)* PlaceTBDig	
Was diagnosis confirmed by laboratory testing?* TBDigLab	☐ Yes ☐ No ☐ Unknown
Was the case treated?* CaseTreat	☐ Yes ☐ No ☐ Unknown
If yes, duration of treatment* DurTreat	months
ADDITIONAL CLINICAL DETAILS	
Site of disease (disease only)	
Pulmonary* Pulmon ☐ Yes ☐ No	
If yes,	
Radiology* Radiology	☐ Normal ☐ Active TB ☐ TB of Uncertain Activity ☐ Not Done ☐ Unknown
Evidence of cavity formation* EvidOfCavity	☐ Yes ☐ No ☐ Unknown

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

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Clinical Course and Outcome	
Date of onset* OnsetDt	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown ☐ Asymptomatic Asymptomatic
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	
Has HIV test been performed* HIVTest	☐ Yes ☐ No ☐ Unknown
Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ImmunoIll If yes, specify ImmunoIllSpecify	☐ Yes ☐ No ☐ Unknown
Immunosuppressive medication* ImmunoMed	☐ Yes ☐ No ☐ Unknown
Contact with a confirmed case of tuberculosis* ContCase If yes, specify nature of contact* ContSpec	☐ Yes ☐ No ☐ Unknown
If yes, did contact occur within New Zealand* ContNZ If yes, specify name of case* ContNZName	☐ Yes ☐ No ☐ Unknown
Born outside New Zealand* BornOutNZ If yes, specify country of birth* BrtCountry	☐ Yes ☐ No ☐ Unknown
If yes, date of arrival in NZ* ArrivDate	☐ Unknown ArrivDateUnknown
Current or recent residence in a household with a person (s) born outside New Zealand* CurrResid If yes, specify country of birth* OthCountry	☐ Yes ☐ No ☐ Unknown
Exposure in health care setting* ExpHlth If yes, specify exposure* ExpHlthSpec	☐ Yes ☐ No ☐ Unknown
Current or recent residence in an institution (e.g. prison)* Instute If yes, specify details* InstuteSpec	☐ Yes ☐ No ☐ Unknown
Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* ExpCattle *If yes, specify exposure in detail CattleSpec	☐ Yes ☐ No ☐ Unknown
Other risk factors for tuberculosis* RiskOthSpecify (specify*)	

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Protective Factors	
At any time prior to onset, had the case been immunised with BCG vaccine?* BCGVacc ☐ Yes ☐ No ☐ Unknown	
If yes, specify date given* BCGDate ☐ Unknown BCGDateUnknown	
If yes, how was this confirmed* BCGConf ☐ Scar ☐ Patient/Caregiver recall ☐ Documented ☐ Unknown	
Management	
CASE MANAGEMENT	
Under specialist care* SpecstCare ☐ Yes ☐ No ☐ Unknown	
Name of specialist* SpecstName	
Did the case receive treatment?* ☐ Yes ☐ Treatment declined ☐ Treatment inappropriate ☐ Unknown	
ReceivedTreatment	
If yes	
Date treatment started* StDateTmt ☐ Unknown StDateTmtUnknown	
Date treatment ended in NZ* EndDateNZTmt ☐ Unknown EndDateNZTmtUnknown	
Was treatment interrupted?* TmtInterrupted ☐ Yes ☐ No ☐ Unknown	
Yes	
Reason treatment ended* ReasonTmtEnded 	
☐ Tmt completed to the satisfaction of the prescribing doctor ☐ Went overseas (medical care not transferred or unknown) ☐ Refused to complete treatment ☐ Stopped due to pregnancy ☐ Discontinuation of interim treatment for LTBI (child <5 years) ☐ Transferred to overseas medical care ☐ Died ☐ Stopped treatment because of adverse effects ☐ Lost to follow up ☐ Reason unknown	
Did case receive DOT throughout the intensive phase of treatment?* ☐ Yes ☐ No ☐ Unknown	
DOTThrOutIntensive	
Did case receive DOT throughout the course of treatment?* DOTThrOut ☐ Yes ☐ No ☐ Unknown	
CONTACT MANAGEMENT (disease only)	
Did case have any contacts at risk of infection?* RiskInfect ☐ Yes ☐ No ☐ Unknown 	
If yes, type of contact:	
Number Identified	
Close contacts* CloseCont	
Casual contacts* CasualCont	
Comments*	
Comments	