CASE REPORT FORM — Brucellosis

Brucellosis EpiSurv No.

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source **Organisation**

Date reported* **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb

Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb

Town/City Post Code ☐ GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Ethnic group case belongs to* (tick all that apply)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

Brucellosis EpiSurv No. _____

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description (acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia)* ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA

Meets laboratory criteria for disease* ○ Yes ○ No ○ Unknown

Isolation of *Brucella* from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Detection of *Brucella* nucleic acid from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Four-fold or greater rise in agglutination titre between acute and convalescent sera >= 2 weeks apart (By: ○ Yes ○ No ○ Not Done ○ Awaiting Results

○ **ELISA** ○ **SAT** ○ **Coombs** ○ **IFA)**

EPIDEMIOLOGICAL CRITERIA

Contact with a laboratory-confirmed case* ○ Yes ○ No ○ Unknown

CLASSIFICATION* ○ Under investigation ○ Probable ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

Species (specify)* _____

Clinical Course and Outcome

Date of onset* _____ ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* _____ ☐ Unknown

Hospital* _____

Died* ○ Yes ○ No ○ Unknown

Date died* _____ ☐ Unknown

Was this disease the primary cause of death?* ○ 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 **If yes, specify Outbreak No.*** _____

Risk Factors

Occupational exposure to animals or animal products in 3 months before illness* ○ Yes ○ No ○ Unknown

If yes, specify exposure in detail:* _____

If yes, was this exposure in NZ?* ○ Yes ○ No ○ Unknown

Consumption of unpasteurised milk or milk products in 3 months before illness* ○ Yes ○ No ○ Unknown

If yes, specify exposure in detail:* _____

If yes, was this exposure in NZ?* ○ Yes ○ No ○ Unknown

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Risk Factors continued

Was the case overseas during the incubation period* (range 5-60 days) for brucellosis? Yes No Unknown

If yes, date arrived in New Zealand*

Specify countries visited* (from most recent to least recent)

	Country	Date Entered	Date Departed
Last:			
Second Last:			
Third Last:			

If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* Yes No Unknown

If yes, specify*

Other risk factors for disease*

Management

CASE MANAGEMENT

Case reported to Ministry of Health for coordination of notification and investigation with MAF* Yes No Unknown

Comments*