CASE REPORT FORM

Enteric Disease

EpiSurv No.

Disease Name

○ Gastroenteritis - unknown cause ○ Gastroenteritis/foodborne intoxication - specify

○ Campylobacteriosis ○ Cholera ○ Cryptosporidiosis ○ Giardiasis

○ Paratyphoid fever ○ Salmonellosis ○ Shigellosis ○ Typhoid fever ○ Yersiniosis

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* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **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* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Unknown ○ Other

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)

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Basis of Diagnosis

CLINICAL CRITERIA

Fits clinical description* ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA (refer to case definition)

Meets laboratory criteria* ○ Yes ○ No ○ Unknown

Isolation (culture) of organism* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Detection of organism nucleic acid (eg PCR)* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Detection of organism antigen* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Demonstration by microscopy of oocysts/cysts/ trophozoites* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Detection of toxin* ○ Yes ○ No ○ Not Done ○ Awaiting Results

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Other positive test (e.g. serology), specify test and result*

Specify site* ○ Faeces ○ Blood ○ Other site (*specify)

Organism / toxin isolated or detected from linked food or water* ○ Yes ○ No ○ Not Done ○ Awaiting Results

EPIDEMIOLOGICAL CRITERIA

Contact with a confirmed case of the same disease* ○ Yes ○ No ○ Unknown
(If yes also record details in risk factors section)

Part of an identified common source outbreak* ○ Yes ○ No ○ Unknown
(If yes also record details in outbreak section and risk factors section)

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

ADDITIONAL LABORATORY DETAILS

Organism species /serotype / phage toxin etc*

ESR Updated ☐ Laboratory

Date result updated dd/mm/yyyy Sample Number

Was whole genome sequencing / genotyping done? ○ Yes ○ No ○ Unknown

If yes, laboratory where done Date dd/mm/yyyy

ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES

Were there any food, water or environmental samples associated with this case? ○ Yes ○ No ○ Unknown

If yes, specify type(s) and results

Sample Type	Sample Number	Result

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Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* dd/mm/yyyy ☐ Unknown

Hospital*

Died* ○ Yes ○ No ○ Unknown

Date died* dd/mm/yyyy ☐ 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

FOOD PREMISES

Did the case consume food from a food premise during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify

1. Name of premise

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** ○ Suspected ○ Confirmed ○ Exonerated

2. Name of premise

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** ○ Suspected ○ Confirmed ○ Exonerated

3. Name of premise

Address Number Street Suburb

Town/City Post Code ☐ GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** ○ Suspected ○ Confirmed ○ Exonerated

RAW MILK

Did the case consume raw (unpasteurised) milk or products made from raw milk during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify	type of product(s) e.g. milk, yoghurt, cheese	brand(s)	where obtained
Product 1:			
Product 2:			
Product 3:			

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Risk Factors continued

DRINKING WATER

Current address* water supply code or specify

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

Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ Yes No Unknown

If yes, specify address* Water supply code

Water supply code

Did the case consume untreated surface water, bore water or rain water during the incubation period?~ Yes No Unknown

If yes, specify water source:~

RECREATIONAL WATER CONTACT

Did the case have recreational contact with water during the incubation period?~ Yes No Unknown

If yes, nature of contact

☐ **Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool)**

1. Name of pool

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

2. Name of pool

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

3. Name of pool

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

☐ **Swimming in streams, rivers, sea etc**

1. Name of stream/river/beach

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

2. Name of stream/river/beach

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

3. Name of stream/river/beach

Address Number Street Suburb

Town/City Post Code GeoCode

Comments Date of exposure dd/mm/yyyy

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Risk Factors continued

RECREATIONAL WATER CONTACT

☐ **Other recreational contact with water** Date of exposure dd/mm/yyyy

Location of other recreational contact with water

HUMAN CONTACT

Attendance at school, preschool or childcare~ ○ Yes ○ No ○ Unknown

Did the case have contact with other symptomatic people during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify type of contact

If yes, give names of people

Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify what they had contact with

ANIMAL CONTACT

Did the case have contact with farm animals during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify type of animal

Did the case have contact with sick animals during the incubation period?~ ○ Yes ○ No ○ Unknown

If yes, specify type of animal and illness

OVERSEAS TRAVEL

Was the case overseas during the incubation period for this disease* ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* dd/mm/yyyy

Specify countries visited*	Country	Date Entered	Date Departed
Last (most recent):*		dd/mm/yyyy	dd/mm/yyyy
Second last:*		dd/mm/yyyy	dd/mm/yyyy
Third last:*		dd/mm/yyyy	dd/mm/yyyy

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

For shigellosis in males aged ≥ 15 years, did the case have sexual contact with another male/other males during the incubation period? ○ 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? ○ Yes ○ No ○ Unknown

If yes, name of the venue/event — Date visited or event date dd/mm/yyyy

venue 2 — 2nd date dd/mm/yyyy

venue 3 — 3rd date dd/mm/yyyy

Other risk factor for disease (specify)~

Source

Was a source confirmed by*

a) Epidemiological evidence* ○ 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* ○ Yes ○ No ○ Unknown
e.g. organism or toxin of same type identified in food or drink consumed by case

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Source continued

Specify confirmed source(s)*

- From consumption of contaminated food or drink, specify food or drink
- From consumption of contaminated drinking water, specify supply
- From contact with infected animal, specify type of animal
- Person to person contact with another case, specify relationship to case
- From other confirmed source, specify source

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

Specify probable source(s)*

- From consumption of contaminated food or drink, specify food or drink
- From consumption of contaminated drinking water, specify supply
- From contact with infected animal, specify type of animal
- Person to person contact with another case, specify relationship to case
- From other probable source, specify source

Management

CASE MANAGEMENT

Case excluded from work or school/preschool/childcare until well?	Yes	No	NA	Unknown
Does the case fit any of the following high risk categories?				
Early childhood centre work	Yes	No		Unknown
Food handler	Yes	No		Unknown
Water supply worker	Yes	No		Unknown
Intellectually/physically impaired	Yes	No		Unknown
Healthcare/rest-home worker	Yes	No		Unknown
If yes, to any of the above, was the case excluded from work until microbiological clearance achieved?	Yes	No	NA	Unknown

CONTACT MANAGEMENT

Number of contacts identified

Number of contacts followed up according to national or local protocols

Comments*

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Food Premises

4. Name of premise

Address Number Street Suburb

Town/City Post Code GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** Suspected Confirmed Exonerated

5. Name of premise

Address Number Street Suburb

Town/City Post Code GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** Suspected Confirmed Exonerated

6. Name of premise

Address Number Street Suburb

Town/City Post Code GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** Suspected Confirmed Exonerated

7. Name of premise

Address Number Street Suburb

Town/City Post Code GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** Suspected Confirmed Exonerated

8. Name of premise

Address Number Street Suburb

Town/City Post Code GeoCode

Foods eaten **Date consumed** dd/mm/yyyy

Comments **Status** Suspected Confirmed Exonerated