CASE REPORT FORM

Arboviral Disease

Arboviral Disease EpiSurv No.

Disease Name DiseaseName

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

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 GPAddress
Number Street Suburb
Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* CaseAddress
Number Street Suburb
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 PlaceOfWork1Address
Number Street Suburb
Town/City Post Code ☐ GeoCode

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork2

Address PlaceOfWork2Address
Number Street Suburb
Town/City Post Code ☐ GeoCode

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

☐ NZ European EthNZEuropean ☐ 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

Main clinical syndrome (tick appropriate options(s))

- ☐ Encephalitis: acute central nervous system disease with aseptic meningitis or encephalitis EncephalitisSyn
- ☐ Fever with or without an exanthem FeverSyn
- ☐ Arthritis and rash ArthritisRashSyn

Clinical comments ClinicalComments

LABORATORY CRITERIA

Meets laboratory criteria for disease* LabConfirm ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify method of laboratory confirmation (tick all that apply)

Detection of arbovirus nucleic acid (NAAT) NAATVirus	○ Yes	○ No	○ Not Done	○ Awaiting Results
IgG seroconversion IgGSero	○ Yes	○ No	○ Not Done	○ Awaiting Results
Significant rise in IgG antibody level IgGLevel	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of NS-1 antigen (dengue fever only) NS1Antigen	○ Yes	○ No	○ Not Done	○ Awaiting Results
Positive IgM antibody (laboratory suggestive evidence) IgMPos	○ Yes	○ No	○ Not Done	○ Awaiting Results

Other positive test (specify) OthPosTest

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

ADDITIONAL LABORATORY DETAILS

Serotype* Serotype

If dengue, is there evidence of a previous dengue infection?* PrevDengue ○ Yes ○ No ○ Unknown

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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Risk Factors

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

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		

Country/region where arboviral disease probably acquired* ProbCountry

Specify location(s) visited (e.g. village, resort, island, region) CountryLocation

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, give details of travel* PriorSpec

Did the case travel within New Zealand during the 15 days before becoming ill?* NZTravel ○ Yes ○ No ○ Unknown

Specify where in NZ the case travelled* NZSpec

Does the case's occupation involve contact with imported goods (e.g. imported machinery, tyres)?* ContImportedGoods ○ Yes ○ No ○ Unknown

Other risk factors for disease* RiskSpec

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* DtLastVaccine ☐ Unknown DtVaccUnknown

If yes, specify how vaccination status was confirmed?* SceVaccine ○ Patient/caregiver recall ○ Documented

Did the case take any of the following precautions:*

Use of insect repellents* Repellent	○ Always	○ Occasionally	○ Rarely	○ Never
Use of bed nets* BedNets	○ Always	○ Occasionally	○ Rarely	○ Never
Screened/air conditioned accommodation* Screened	○ Always	○ Occasionally	○ Rarely	○ Never
Wearing of long sleeved shirts and trousers* Clothing	○ Always	○ Occasionally	○ Rarely	○ Never
Any other precautions against biting insects* OthPrecaution	○ Always	○ Occasionally	○ Rarely	○ Never

Specify* PrecautionSpec

Management

Is the case pregnant? (Zika only) Pregnant ○ Yes ○ No ○ NA ○ Unknown

If yes, gestation at time of onset of symptoms Gestation weeks

or if asymptomatic, gestation at time sample collected AsymptGest weeks

Comments*

Comments