CASE REPORT FORM

Enteric Disease

Enteric Disease EpiSurv No. **EpiSurvNumber**

Disease Name DiseaseName

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

○ Campylobacteriosis ○ Cholera ○ Cryptosporidiosis ○ Giardiasis

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

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

LABORATORY CRITERIA (refer to case definition)

Meets laboratory criteria* LabConf ○ Yes ○ No ○ Unknown

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

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

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

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

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

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

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

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

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

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

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

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

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

EPIDEMIOLOGICAL CRITERIA

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

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

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

ADDITIONAL LABORATORY DETAILS

Organism species /serotype / phage toxin etc* AddLab

AddLab2

AddLab3

ESR Updated ☐ AutoUpdated Laboratory Laboratory

Date result updated SampleDate Sample Number SampleNumber

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

If yes, laboratory where done GenomeLab Date GenomeDate

ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES

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

If yes, specify type(s) and results

Sample Type	Sample Number	Result
SmplType1	SmplNumber1	SmplResult1
SmplType2	SmplNumber2	SmplResult2
SmplType3	SmplNumber3	SmplResult3

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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

Risk Factors

FOOD PREMISES

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

If yes, specify Premises

1. Name of premise PremiseSpec1

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten1 **Date consumed** DateConsumed1

Comments Comments1 **Status** Implicated1 ○ Suspected ○ Confirmed ○ Exonerated

2. Name of premise PremiseSpec2

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postc... ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten2 **Date consumed** DateConsumed2

Comments Comments2 **Status** Implicated2 ○ Suspected ○ Confirmed ○ Exonerated

3. Name of premise PremiseSpec3

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur...

Foods eaten FoodsEaten3 **Date consumed** DateConsumed3

Comments Comments3 **Status** Implicated3 ○ Suspected ○ Confirmed ○ Exonerated

RAW MILK

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

If yes, specify	type of product(s) e.g. milk, yoghurt, cheese	brand(s)	where obtained
Product 1:	RwMilkProd1	RwMilkBrand1	RwMilkSce1
Product 2:	RwMilkProd2	RwMilkBrand2	RwMilkSce2
Product 3:	RwMilkProd3	RwMilkBrand3	RwMilkSce3

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Risk Factors continued

DRINKING WATER

Current address* water supply code CurrWSCode or specify CurrWSSpec

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

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

If yes, specify address* NonHabStreet1 NonHabSuburb1 NonHabCity1 Water supply code NonHabSupply1

NonHabStreet2 NonHabSuburb2 NonHabCity2 Water supply code NonHabSupply2

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

If yes, specify water source:~ UntreatedSource

RECREATIONAL WATER CONTACT

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

If yes, nature of contact RecContWtr

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

1. Name of pool PoolSpec1

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccura...

Comments PoolComment1 Date of exposure PoolDate1

2. Name of pool PoolSpec2

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur...

Comments PoolComment2 Date of exposure PoolDate2

3. Name of pool PoolSpec3

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchacc...

Comments PoolComment3 Date of exposure PoolDate3

☐ Swimming in streams, rivers, sea etc RiverSea

1. Name of stream/river/beach RiverSeaSpec1

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment1 Date of exposure RiverSeaDate1

2. Name of stream/river/beach RiverSeaSpec2

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment2 Date of exposure RiverSeaDate2

3. Name of stream/river/beach RiverSeaSpec3

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment3 Date of exposure RiverSeaDate3

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Risk Factors continued

RECREATIONAL WATER CONTACT

☐ Other recreational contact with water OthRecCont | OthRecSpec | Date of exposure OthRecDate

Location of other recreational contact with water | OthWater

HUMAN CONTACT

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

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

If yes, specify type of contact | OthSymCont

If yes, give names of people | OthSymCases

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

If yes, specify what they had contact with | ContFaecalSpec

ANIMAL CONTACT

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

If yes, specify type of animal | FarmSpec

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

If yes, specify type of animal and illness | SickAnSpec

OVERSEAS TRAVEL

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*	Country	Date Entered		Date Departed	
Last (most recent):*	LastCountry		LastDtArrived		LastDtDeparted
Second last:*	SecCountry		SecDtArrived		SecDtDeparted
Third last:*	ThirdCountry		ThirdDtArrived		ThirdDtDeparted

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, specify* | PriorSpec

OTHER

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

If yes, name of the venue/event SexVenue1 | Date visited or event date SexVenueDt1

venue 2 SexVenue2 | 2nd Date SexVenueDt2

venue 3 SexVenue3 | 3rd Date SexVenueDt3

Other risk factor for disease (specify)~ RiskSpec

Source

Was a source confirmed by*

a) Epidemiological evidence* SceConfEpi ○ 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* SceConfLab ○ 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 **ConfFD**
  - **ConfFDName** | **ConfFDSpec**
- ☐ From consumption of contaminated drinking water, specify supply **ConfDW** | **ConfDWSpec**
- ☐ From contact with infected animal, specify type of animal **ConfInfAnim** | **ConfInfAnimSpec**
- ☐ Person to person contact with another case, specify relationship to case **ConfPP** | **ConfPPSpec**
- ☐ From other confirmed source, specify source **ConfOtherSce** | **ConfOtherSceSpec**

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

Specify probable source(s)*

- ☐ From consumption of contaminated food or drink, specify food or drink **ProbFD**
  - **ProbFDName** | **ProbFDSpec**
- ☐ From consumption of contaminated drinking water, specify supply **ProbDW** | **ProbDWSpec**
- ☐ From contact with infected animal, specify type of animal **ProbInfAnim** | **ProbInfAnimSpec**
- ☐ Person to person contact with another case, specify relationship to case **ProbPP** | **ProbPPSpec**
- ☐ From other probable source, specify source **ProbOtherSce** | **ProbOtherSceSpec**

Management

CASE MANAGEMENT

Case excluded from work or school/preschool/childcare until well? **Excluded** ○ Yes ○ No ○ NA ○ Unknown

Does the case fit any of the following high risk categories?

Early childhood centre work **ChildWorker**	○ Yes	○ No		○ Unknown
Food handler **FoodHandler**	○ Yes	○ No		○ Unknown
Water supply worker **WaterWorker**	○ Yes	○ No		○ Unknown
Intellectually/physically impaired **IHC**	○ Yes	○ No		○ Unknown
Healthcare/rest-home worker **HealthWorker**	○ Yes	○ No		○ Unknown
If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? **TestClear**	○ Yes	○ No	○ NA	○ Unknown

CONTACT MANAGEMENT

Number of contacts identified **NoContacts**

Number of contacts followed up according to national or local protocols **NoFollowup**

Comments*

Comments

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Food Premises

4. Name of premise PremiseSpec4

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten4 **Date consumed** DateConsumed4

Comments Comments4 **Status** Implicated4 ○ Suspected ○ Confirmed ○ Exonerated

5. Name of premise PremiseSpec5

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten5 **Date consumed** DateConsumed5

Comments Comments5 **Status** Implicated5 ○ Suspected ○ Confirmed ○ Exonerated

6. Name of premise PremiseSpec6

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten6 **Date consumed** DateConsumed6

Comments Comments6 **Status** Implicated6 ○ Suspected ○ Confirmed ○ Exonerated

7. Name of premise PremiseSpec7

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccur...

Foods eaten FoodsEaten7 **Date consumed** DateConsumed7

Comments Comments7 **Status** Implicated7 ○ Suspected ○ Confirmed ○ Exonerated

8. Name of premise PremiseSpec8

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Foods eaten FoodsEaten8 **Date consumed** DateConsumed8

Comments Comments8 **Status** Implicated8 ○ Suspected ○ Confirmed ○ Exonerated