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 OfficerName

Notifier Identification

Reporting source* Report Src ○ 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 Given Name(s)

NHI number* NHINumber **Email** Email

Current address* 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 Occupation_place_type (main) ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name (main)

Address Number Street Suburb Town/City Post Code ☐ GeoCode

Alternative location Occupation_place_type (Alternative) ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name (Alternative)

Address 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, Tokelauan) 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* IsolnSite ○ 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* AntigenSite ○ 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 ProbPPSpec — 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