CASE REPORT FORM

Listeriosis

DiseaseName

EpiSurv No. EpiSurvNumber

Disease Name DiseaseName

○ Listeriosis ○ Pregnancy associated listeriosis

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 ○ Indeterminate ○ Unknown

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

DiseaseName | EpiSurv No. EpiSurvNumber

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* FitClinDes ○ Yes ○ No ○ Unknown

Clinical Features*

Pregnancy associated case*

Illness in mother IllMother ○ Yes ○ No ○ Unknown

Preterm labour Labour ○ Yes ○ No ○ Unknown

Illness in infant IllInfant ○ Yes ○ No ○ Unknown

Intrauterine death Death ○ Yes ○ No ○ Unknown

Not pregnancy associated case*

Meningitis Meningitis ○ Yes ○ No ○ Unknown

Septicaemia Septicaemia ○ Yes ○ No ○ Unknown

Other (specify) OthSymSpec

LABORATORY CRITERIA

Isolation of *Listeria monocytogenes* from a normally sterile site* Isolation ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site:*

Mother MothrSite
- ○ blood culture
- ○ high vaginal swab

Foetus/neonate FoetSite
- ○ blood culture
- ○ CSF
- ○ body swabs
- ○ placental tissue, foetal tissue

Other (specify)* FoetSitOther

Not pregnancy associated case NonPSite
- ○ blood culture
- ○ CSF

Other (specify)*NonPSitOther

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

ADDITIONAL LABORATORY DETAILS

Serotype (specify) Serotype

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

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

DiseaseName EpiSurv No. EpiSurvNumber

Risk Factors

PREGNANCY ASSOCIATED CASES

Pregnancy details

Due date* DueDate ☐ Unknown DueDateUnknown

Date of delivery* DelivDate ☐ Unknown DelivDateUnknown

Gestation at date of delivery* GestationWk weeks

Foetus/infant died* InfanDied ○ Yes ○ No ○ Unknown

Date died* InfDthDate ☐ Unknown InfDthDateUnknown

If foetus/infant died from disease other than listeriosis, specify* InfDthSpec

NOT PREGNANCY ASSOCIATED CASES

Underlying illness* UndIllness ○ Yes ○ No ○ Unknown

If yes, specify* UndIllSpec

Receiving immunosuppressive drugs* ImmunoDrugs ○ Yes ○ No ○ Unknown

If yes, specify* ImmunoDSpec

Admitted to hospital for treatment of another illness (other than listerosis)* HospTrtment ○ Yes ○ No ○ Unknown

If yes, specify* HospTrtSpec

ALL CASES

Was case overseas during incubation period (range = 3-70 days) for listeriosis? *Overseas ○ Yes ○ No ○ Unknown

Other risk factors for listeriosis, specify* RiskOthSpecify

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 if food or drink consumed by case

Specify confirmed source(s)*

☐ From consumption of contaminated food or drink, specify food or drink ConfFD

ConfFDName ConfFDSpec

☐ From contact with infected animal, specify type of animal ConfInfAnim ConfInfAnimSpec

☐ Person to person contact with another case, specify caseConfPP ConfPPSpec

☐ From other confirmed source, specify source ConfOtherSce

ConfOtherSceSpec

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Source continued

If not, was a *probable* source identified?* SceProb ○ Yes ○ No ○ Unknown

Specify *probable* source(s)*

☐ From consumption of contaminated food or drink, specify food or drink ProbFD

ProbFDName ____ ProbFDSpec ____

☐ From contact with infected animal, specify type of animal ProbInfAnim ProbInfAnimSpec ____

☐ Person to person contact with another case, specify relationship ProbPP ProbPPSpec ____

☐ From other probable source, specify source ProbOtherSce

ProbOtherSceSpec ____

Management

CASE MANAGEMENT Excluded

Case excluded from work or school / pre-school / childcare until well? ○ Yes ○ No ○ NA ○ Unknown

Comments*

Comments