CASE REPORT FORM — VTEC/STEC Infection

VTEC/STEC infection — EpiSurv No. EpiSurvNumber

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*			
Diarrhoea Diarrhoea	○ Yes	○ No	○ Unknown
Haemorrhagic colitis (bloody diarrhoea) HColitis	○ Yes	○ No	○ Unknown
Haemolytic uraemic syndrome (HUS) HUS	○ Yes	○ No	○ Unknown
Thrombotic thrombocytopaenic purpura (TTP) TTP	○ Yes	○ No	○ Unknown

LABORATORY CRITERIA

Meets laboratory criteria* LabConf	○ Yes	○ No	○ Unknown	
Isolation of Shiga toxin producing *E. coli* from a clinical specimen* Isolation	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of the genes associated with the production of Shiga toxin in *E. coli* (PCR)* PCRGenes	○ Yes	○ No	○ Not Done	○ Awaiting Results

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

ADDITIONAL LABORATORY DETAILS

Organism serotype 1 AddLab _____ **Sequence type 1** SeqType _____

Organism serotype 2 AddLab2 _____ **Sequence type 2** SeqType2 _____

Updated AutoUpdated ☐ **Laboratory** Laboratory _____

Date 1st result updated SampleDate _____ **1st sample number** SampleNumber _____

Date 2nd result updated SampleDate2 _____ **2nd sample number** SampleNumber2 _____

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

FOOD

Did the case consume any of the following items during the week before becoming ill?*

Food item				If yes specify type, *and*	specify brand, *and*	where obtained (e.g. supermarket, Restaurant, friend's house, etc.)
Raw milk or products made from raw milk RwMlk	◯ Y	◯ N	◯ U	RWMLKSpec	RWMLKBrand	RWMLKSource
Dairy products (e.g. cheese, yoghurt) Dairy	◯ Y	◯ N	◯ U	DairySpec	DairyBrand	DairySource
Beef or beef products (e.g. mince, hamburger) Beef	◯ Y	◯ N	◯ U	BeefSpec	BeefBrand	BeefSource
Lamb or hogget or mutton Lamb	◯ Y	◯ N	◯ U	LambSpec	LambBrand	LambSource
Chicken or poultry Poult	◯ Y	◯ N	◯ U	PoultSpec	PoultBrand	PoultSource
Processed meats (e.g. luncheon, salami, ham) ProcMeat	◯ Y	◯ N	◯ U	ProcSpec	ProcBrand	ProcSource
Home kill meat Killed	◯ Y	◯ N	◯ U	KilledSpec	KilledBrand	KilledSource
Any pink or undercooked meat Pink	◯ Y	◯ N	◯ U	PinkSpec	PinkBrand	PinkSource
Raw fruit / vegetables Fruit	◯ Y	◯ N	◯ U	FruitSpec	FruitBrand	FruitSource
Fruit / vegetable juice Juice	◯ Y	◯ N	◯ U	JuiceSpec	JuiceBrand	JuiceSource

WATER

Water supply code or nature of water supply (e.g. bore, roof, spring)*

Current address* water supply code CurrWSCode or specify CurrWSSpec

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

Non-habitual water supply within the last week* NonHabWS ◯ Yes ◯ No ◯ Unknown

If yes, specify* NonHabSpec

Recreational contact with water during week before becoming ill* RecContWtr ◯ Yes ◯ No ◯ Unknown

If yes, nature of contact*

- ☐ Swimming in public swimming pool*, name of pool(s)* PublicPool PubPoolSpec
- ☐ Swimming in other pool*, location of pool(s)* OtherPool OthPoolSpec
- ☐ Use of spa pool*, *location of spa pool(s)* SpaPool SpaPoolSpec
- ☐ Swimming in stream or river (including canoeing)* River Name of river/stream(s)* RiverSpec
- ☐ Other recreational contact with water*, specify* OthRecCont OthRecSpec

ANIMAL CONTACT

Did the case have contact with animals in the week before becoming ill?* ContAnim ◯ Yes ◯ No ◯ Unknown

If yes, nature of contact*

Household pets* Pets	◯ Yes	◯ No	◯ Unknown	Specify*	PetsSpec
Farm animals* Farm	◯ Yes	◯ No	◯ Unknown	Specify*	FarmSpec
Other animals* OthAnim	◯ Yes	◯ No	◯ Unknown	Specify*	OthAnimSpec
Animal manure* Manure	◯ Yes	◯ No	◯ Unknown	Specify*	ManureSpec

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Risk Factors continued

HUMAN CONTACT

In the week before becoming ill, did the case:

Attend school, pre-school or childcare* AttenSch ○ Yes ○ No ○ Unknown

Attend any social functions* AttenFunc ○ Yes ○ No ○ Unknown

If yes, give detail* FuncSpec

Have contact with children in nappies* Nappies ○ Yes ○ No ○ Unknown

Have contact with a person with similar symptoms* Contact ○ Yes ○ No ○ Unknown

If yes, specify nature of contact* NatuContact

Date of onset of illness in other case* ContOnset or ☐ Unknown ContOnsetUnknown

OVERSEAS TRAVEL

Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?* Overseas ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* ArriveNZ

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

Did the case travel within New Zealand during the week before becoming ill?* TravNZ ○ Yes ○ No ○ Unknown

Specify where in New Zealand the case travelled* TravNZSpec

OTHER

Did the case have any contact with sewage during the week before becoming ill?* Sewage ○ Yes ○ No ○ Unknown

Did the case handle raw meat or offal (including raw meat or offal given to pets) during the week before becoming ill?* Offal ○ Yes ○ No ○ Unknown

Other risk factors for VTEC/STEC infection (specify)* RiskSpec

Management

CASE MANAGEMENT

Case excluded from work or school, pre-school or childcare until well* Excluded ○ Yes ○ No ○ NA ○ Unknown

If the case works as food handler, or is employed to care for patients, elderly, or children aged <5 years, was the case excluded from work until microbiological clearance achieved?* TestClear ○ Yes ○ No ○ NA ○ Unknown

Number of contacts screened for infection as per local protocols* NoScreened

Number of screened contacts that are identified with VTEC/STEC disease* NoVTEC

Comments*

Comments