

CASE REPORT FORM

VTEC/STEC Infection

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification (i)

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ Organisation _____

Date reported* Contact phone _____

Usual GP _____ Practice _____ GP phone _____

GP/Practice address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Case Identification (i)

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

NHI number* _____ Email _____

Current address* Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Case Demography

Location TA* _____ DHB* _____

Date of birth* OR Age _____ Days Months Years

Sex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

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

NZ European Maori Samoan Cook Island Maori
 Niuean Chinese Indian Tongan
 Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Basis of Diagnosis**CLINICAL CRITERIA**

Fits clinical description* Yes No Unknown

Clinical features*

Diarrhoea Yes No Unknown

Haemorrhagic colitis (bloody diarrhoea) Yes No Unknown

Haemolytic uraemic syndrome (HUS) Yes No Unknown

Thrombotic thrombocytopenic purpura (TTP) Yes No Unknown

LABORATORY CRITERIA

Meets laboratory criteria* Yes No Unknown

Isolation of Shiga toxin producing *E. coli* from a clinical specimen* Yes No Not Done Awaiting Results

Detection of the genes associated with the production of Shiga toxin in *E. coli* (PCR)* Yes No Not Done Awaiting Results

CLASSIFICATION* Under investigation Probable Confirmed Not a case (i)

ADDITIONAL LABORATORY DETAILS**Organism serotype***

ESR Updated Laboratory

Date result updated

dd/mm/yyyy 

Sample Number

Clinical Course and Outcome

Date of onset* dd/mm/yyyy  Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* dd/mm/yyyy  Unknown

Hospital*

Died* Yes No Unknown

Date died* dd/mm/yyyy  Unknown

Was this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death*

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

If yes, specify Outbreak No.*

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 (unpasteurised) milk or products made from raw milk	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			

Risk Factors continued

Food item				Type	Brand	Where obtained
Dairy products (e.g. cheese, yoghurt)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Beef or beef products (e.g. mince, hamburger)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Lamb or hogget or mutton	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Chicken or poultry	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Processed meats (e.g. luncheon, salami, ham)	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Home kill meat	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Any pink or undercooked meat	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Raw fruit / vegetables	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			
Fruit / vegetable juice	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U			

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

Current address* water supply code _____ or specify _____
 Work / school / pre-school* water supply code _____ or specify _____
 Non-habitual water supply within the last week* Yes No Unknown
 If yes, specify* _____

Recreational contact with water during week before becoming ill* Yes No Unknown**If yes, nature of contact***

- Swimming in public swimming pool*, name of pool(s)* _____
 Swimming in other pool*, location of pool(s)* _____
 Use of spa pool*, *location of spa pool(s)* _____
 Swimming in stream or river (including canoeing)* Name of river/stream(s)* _____
 Other recreational contact with water*, specify* _____

ANIMAL CONTACT**Did the case have contact with animals in the week before becoming ill?*** Yes No Unknown**If yes, nature of contact***

Household pets* Yes No Unknown Specify* _____
 Farm animals* Yes No Unknown Specify* _____
 Other animals* Yes No Unknown Specify* _____
 Animal manure* Yes No Unknown Specify* _____

HUMAN CONTACT**In the week before becoming ill, did the case:****Attend school, pre-school or childcare*** Yes No Unknown**Attend any social functions*** Yes No Unknown

If yes, give detail* _____

Have contact with children in nappies* Yes No Unknown

Risk Factors continued**Have contact with a person with similar symptoms*** Yes No Unknown

If yes, nature of contact* _____

Date of onset of illness in other case* _____

dd/mm/yyyy or Unknown**OVERSEAS TRAVEL****Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?*** Yes No Unknown**If yes, date arrived in New Zealand***dd/mm/yyyy **Specify countries visited***

(from most recent to least recent)

	Country/Region	Date Entered	Date Departed
Last:*	_____	dd/mm/yyyy 	dd/mm/yyyy 
Second Last:*	_____	dd/mm/yyyy 	dd/mm/yyyy 
Third Last:*	_____	dd/mm/yyyy 	dd/mm/yyyy 

Did the case travel within New Zealand during the week before becoming ill?* Yes No Unknown**Specify where in New Zealand the case travelled*** _____**OTHER****Did the case have any contact with sewage during the week before becoming ill?*** 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?*** Yes No Unknown**Other risk factors for STEC infection*****Management****CASE MANAGEMENT****Case excluded from work or school, pre-school or childcare until well*** 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?*** Yes No NA Unknown**Number of contacts screened for infection as per local protocols*** _____**Number of screened contacts that are identified with STEC infection*** _____**Comments***