CASE REPORT FORM

Tuberculosis

EpiSurv No.

Disease Name

- ○ Tuberculosis disease - new case
- ○ Tuberculosis disease - relapse or reactivation
- ○ Latent tuberculosis infection (patient consent required)
- ○ Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

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

Name of reporting source **Organisation**

Date reported* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **Contact phone**

Usual GP **Practice** **GP phone**

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

Case Identification

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* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Unknown ○ Other

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)

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

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Basis of Diagnosis

LABORATORY CRITERIA

Meets laboratory criteria for disease* ○ Yes ○ No ○ Unknown

Demonstration of acid-fast bacilli in a clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify)

Isolation of *Mycobacterium tuberculosis* complex from a clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify)

Demonstration of *Mycobacterium tuberculosis* complex nucleic acid ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site ○ Sputum ○ Other (specify)

Histology strongly suggestive of tuberculosis ○ Yes ○ No ○ Not Done ○ Awaiting Results

MANTOUX STATUS

Mantoux tests done* ○ Yes ○ No ○ Awaiting Results ○ Unknown

Date* dd/mm/yyyy **mm induration*** **mm** **Date*** dd/mm/yyyy **mm induration*** **mm**

Mantoux status* (tick most appropriate - must use definitions in TB guidelines)

○ Mantoux Negative ○ Mantoux Positive ○ Mantoux Converted ○ Mantoux Unknown

IGRA STATUS

Test done* ○ Yes ○ No ○ Awaiting Results ○ Unknown

If yes, result ○ Positive ○ Negative ○ Indeterminate

OTHER CRITERIA

Treatment for presumptive TB* ○ Yes ○ No ○ Unknown

Interim treatment for presumptive LTBI in children < 5 years* ○ Yes ○ No ○ Unknown

CLASSIFICATION*

○ Under investigation ○ Probable - presumptive (no laboratory confirmation) ○ Confirmed (laboratory confirmation) ○ Not a case

PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)

Date of first tuberculosis diagnosis* dd/mm/yyyy **Name of doctor***

Place where diagnosis made (town/city/country)*

Was diagnosis confirmed by laboratory testing?* ○ Yes ○ No ○ Unknown

Was the case treated?* ○ Yes ○ No ○ Unknown

If yes, duration of treatment* months

ADDITIONAL CLINICAL DETAILS

Site of disease (disease only)

Pulmonary* ○ Yes ○ No

If yes,

Radiology ○ Normal ○ Active TB ○ TB of Uncertain Activity ○ Not Done ○ Unknown

Evidence of cavity formation* ○ Yes ○ No ○ Unknown

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Basis of Diagnosis (continued)

Extrapulmonary* ○ Yes ○ No

If yes, tick all that apply*

- ☐ Lymph node (excl abdomen)
- ☐ Pleural
- ☐ MiliaryTB
- ☐ Bone/joint
- ☐ Intraabdominal (excl renal)
- ☐ Renal/genitourinary tract
- ☐ Soft tissue/skin
- ☐ CNS TB (including meningitis)
- ☐ Other site, specify

How was case/infection discovered?*

- ○ Contact follow-up
- ○ Immigrant/refugee screening
- ○ Attended practitioner with symptoms
- ○ Other (specify)
- ○ Unknown

ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and PHF SCIENCE UPDATED)

Mycobacterial species ○ *Mycobacterium tuberculosis* ○ *Mycobacterium bovis* ○ Other (*specify)

Susceptibility testing results

Isoniazid (0.1 mg/L)	○ Susceptible	○ Resistant
Isoniazid (0.4 mg/L)	○ Susceptible	○ Resistant
Rifampicin	○ Susceptible	○ Resistant
Ethambutol	○ Susceptible	○ Resistant
Pyrazinamide	○ Susceptible	○ Resistant
Moxifloxacin	○ Susceptible	○ Resistant
Other antibiotics (specify)		
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant
	○ Susceptible	○ Resistant

Specimen details

Date specimen taken dd/mm/yyyy Specimen number

Updated ☐ Reference laboratory Date results updated dd/mm/yyyy

Molecular Typing

MIRU RFLP ClusterID

WGS ☐ Lineage Sublineage WGS Cluster ID

Updated ☐ Date Results Updated dd/mm/yyyy Specimen Number

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Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown ☐ Asymptomatic

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

Has HIV test been performed* ○ Yes ○ No ○ Unknown

Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ○ Yes ○ No ○ Unknown

If yes, specify

Immunosuppressive medication* ○ Yes ○ No ○ Unknown

Contact with a confirmed case of tuberculosis* ○ Yes ○ No ○ Unknown

If yes, specify nature of contact*

If yes, did contact occur within New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify name of case*

Born outside New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify country of birth*

If yes, date of arrival in NZ* dd/mm/yyyy ☐ Unknown

Current or recent residence in a household with a person(s) born outside New Zealand* ○ Yes ○ No ○ Unknown

If yes, specify country of birth*

Exposure in health care setting* ○ Yes ○ No ○ Unknown

If yes, specify exposure*

Current or recent residence in an institution (e.g. prison)* ○ Yes ○ No ○ Unknown

If yes, specify details*

Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* ○ Yes ○ No ○ Unknown

*If yes, specify exposure in detail

Other risk factors for tuberculosis (specify)*

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Protective Factors

At any time prior to onset, had the case been immunised with BCG vaccine?* ○ Yes ○ No ○ Unknown

If yes, specify date given* dd/mm/yyyy ☐ Unknown

If yes, how was this confirmed* ○ Scar ○ Patient/Caregiver recall ○ Documented ○ Unknown

Management

CASE MANAGEMENT

Under specialist care* ○ Yes ○ No ○ Unknown

Name of specialist*

Did the case receive treatment?* ○ Yes ○ Treatment declined ○ Treatment inappropriate ○ Unknown

If yes

Date treatment started* dd/mm/yyyy ☐ Unknown

Date treatment ended in NZ* dd/mm/yyyy ☐ Unknown

Was treatment interrupted?* ○ Yes ○ No ○ Unknown

Reason treatment ended*

- ○ Treatment completed to the satisfaction of the prescribing Dr
- ○ Went overseas (medical care not transferred or unknown)
- ○ Refused to complete treatment
- ○ Stopped due to pregnancy
- ○ Discontinuation of interim treatment for LTBI (child <5 years)
- ○ Transferred to overseas medical care
- ○ Died
- ○ Stopped treatment because of adverse effects
- ○ Lost to follow up
- ○ Reason unknown

Did case receive DOT throughout the intensive phase of treatment?* ○ Yes ○ No ○ Unknown

Did case receive DOT throughout the course of treatment?* ○ Yes ○ No ○ Unknown

CONTACT MANAGEMENT (disease only)

Did case have any contacts at risk of infection?* ○ Yes ○ No ○ Unknown

If yes, type of contact:	Number Identified
Close contacts*	
Casual contacts*	

Comments*