CASE REPORT FORM

Tuberculosis

												Ep	oiSurv No.		,
Disease N	lame														?
O Tuberculosis disease - new case					○ Tul	perculos	is diseas	e - relap	se or rea	ctivation					
Latent tuberculosis infection (patient consent required)						Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)									
Reporting	g Aut	hority	,												
Name of Pu	blic He	ealth O	fficer	responsi	ble fo	r case									
Notifier I	denti	ficati	on												?
Reporting s	ource*	k (○ Gen	eral Practi	tioner		O Hospital-based Practition			ractitione	er Caboratory				
		(Self	-notificatio	n		Outbreak Investigation				Other				
Name of rep	porting	g sourc	e					Organisation							
Date report	ed*	dd/mn	n/yyyy	yy 🛗 Lab		oratory s	ample	date	dd/mm	n/yyyy	⊞ Cont	Contact phone			
Usual GP						Practice						GP	phone		
GP/Practice	addre	ess N	umber			Street					Suburb				
		Т	own/City								Post Co	de		GeoCode	9
Case Ide	ntifica	ation													?
Name of cas	se*	Surname							Given Nam	ne(s)					
NHI numbe	r*			Em	ail										
Current add	lress*	Numb	per			Street					Suburb				
		Town	/City								Post Co	de		GeoCo	ode
Phone (hon	ne)				Pi	hone (wo	ork)				Phone (d	othe	er)		
Case Demography															
Location	TA*								D	нв*					
Date of birt	h*	dd/mi	m/yyy	у ф	Ē	OI	R	Age		_ 0	Days	0	Months	○ Yea	rs
Sex*		O Ma	le	0	Femal	le	O Un	known		Other	r				
Occupation	*														?
Occupation	location	on (Place	e of Work		O Schoo	I	O Pre-	-school						
Name															
Address	Number			Street							Suburb)			
	Town/Ci	ty									Post Co	ode		GeoCod	e
Alternative	locatio	on () Place	e of Work		O Schoo	I	○ Pre-	-school						
Name															
Address	Number			Street							Suburb				
	Town/Ci										Post Co	de		GeoCode	
Ethnic grou		belon		•	nat ap										?
□ NZ Europe	ean		Maori				Samoan			Cook Island		ori			
Niuean				inese			Indian			☐ Tonga	an				
Other (suc	ch as D	utch, Ja	apanes	e, Tokelau	an)	*(s	pecify)								

						Epi	Surv No.	
Basis of Diagnosis								
LABORATORY CRITERIA								?
Meets laboratory criteria for	disease*		O Yes		○ No		Ounknown	
Demonstration of acid-fast ba	acilli in a clinical		○ Yes	\bigcirc No	O Not Don	е	O Awaiting Results	
specimen If yes, specify site			Sputum		Other (s	pecify)		
Isolation of Mycobacterium to complex from a clinical specie			○ Yes	○ No	O Not Don	е	Awaiting Results	
If yes, specify site			O Sputum		Other (s	pecify)		
Demonstration of <i>Mycobacte</i> complex nucleic acid	rium tuberculosi	s (○ Yes	○ No	O Not Don	е	O Awaiting Results	
If yes, specify site			Sputum		Other (s	pecify)		
Histology strongly suggestive	e of tuberculosis	(○ Yes	○ No	O Not Don	e	O Awaiting Results	
MANTOUX STATUS Mantoux tests done* Date* dd/mm/yyyy	O Yes		No mm Date		Awaiting Res		O Unknown	mm
Mantoux status* (tick mos	st appropriate - mu	st use definitio	ns in TB gu	idelines)				
Mantoux Negative	Mantoux Pos	sitive	O Manto	ux Conver	ted	O Ma	ntoux Unknown	
IGRA STATUS	0020v	7.7m=200						
Test done*	O Yes	○ No		C	Awaiting Res	sults	Ounknown	
If yes, result	OPositive	O Neg	gative		Indetermina	te		49
OTHER CRITERIA Treatment for presumptive T	B*			O Ye	es	O No	Ounknown	
Interim treatment for presun		ildren < 5 yea	ars*	O Ye	es	○ No	Ounknown	
CLASSIFICATION* O Under	rinvestigation	O Probable -	presumptiv	e C	Confirmed		O Not a case	(?)
gerfande weerben Stadten benede it Selez Australie Ant - Lumin - Stadtet weden		(no laboratory	confirmation	on) (I	aboratory con	firmation)	0
PREVIOUS HISTORY OF TUBE	ERCIII OSTS (rela	nses or reacti	ivations or	ulv)			<u> </u>	S
Date of first tuberculosis dia		/mm/yyyy #	1	of docto	or*			
Place where diagnosis made	(town/city/cour	ntry)*						
Was diagnosis confirmed by	laboratory testin	ıg?*	O Yes		○ No		OUnknown	
Was the case treated?*			○ Yes		○ No		Ounknown	
If yes, duration of treatment	t*		months					
ADDITIONAL CLINICAL DETA Site of disease (disease only)								
Pulmonary*	○ Yes		○ No					
If yes,								
Radiology Onormal	O Activ	е ТВ	TB of	Uncertain	Activity	O Not	Done Unknow	vn
Evidence of cavity formation*	○ Yes		○ No			O Unk	nown	

					Epis	Surv No.			
Basis of Diagnosis (c	continued)								
Extrapulmonary*	○ Yes	○ No							
If yes, tick all that apply	/*								
Lymph node (excl abd		Pleural		□ мі	liaryTB				
Bone/joint	ionic,	☐ Intraabdominal (e	excl renal)		enal/genitourinary	v tract			
Soft tissue/skin		CNS TB (including	•						
Other site, specify			,						
How was case/infection of	discovered?*								
O Contact follow-up		nmigrant/refugee scree	ening	O Attended	practitioner with	symptoms			
Other (specify)				O Unknown	1				
ADDITIONAL LABORATOR	RY DETAILS (CULTURE POSITIVE	CASES ONL	Y and PHF S	CIENCE UPDAT	ΓED)			
Mycobacterial species	O Mycobacteri	ium tuberculosis	O Mycobac	terium bovis					
	Other (*spe	cify)							
Susceptibility testing resu	ults								
Isoniazid (0.1 mg/L)		O Susceptible	(Resistant					
Isoniazid (0.4 mg/L)		O Susceptible	Resistant						
Rifampicin		O Susceptible	(Resistant					
Ethambutol		O Susceptible	(Resistant					
Pyrazinamide		O Susceptible	(Resistant					
Moxifloxacin		O Susceptible	(Resistant					
Other antibiotics (specify)									
		Susceptible	(Resistant					
		Susceptible	(Resistant					
		Susceptible	(Resistant					
		Susceptible	(Resistant					
		Susceptible	(Resistant					
		O Susceptible	(Resistant					
		O Susceptible	(Resistant					
Specimen details									
	specimen taken	,, , , , , , ,	ш	Specimen nu					
	rence laboratory	,		Date results u	updated	dd/mm/yyyy 🛗			
Molecular Typing									
MIRU	RF	FLP		Cluster	ID				
WGS Lineage		Sublineage		WGS C	luster ID				
Updated D	Date Results Upo	dated dd/mm/y	уууу 🗰	Specim	nen Number				

Clinical Course and Outcome Date of onset* dd/mm/yyy dd Approximate Unknown						EpiSurv No.
Asymptomatic Asym	Clinical Course and O	utcome				
Hospitalised* Date hospitalised* Date hospitalised* Ves	Date of onset*	dd/mm/yyyy 🛗	☐ Approximate	:	Unknov	vn
Date hospitalised* Hospital* Died* Yes No Unknown Date died* dd/mm/yyyy Died died* Was this disease the primary cause of death?* If no, specify the primary cause of death?* If no, specify the primary cause of death?* If no, specify the primary cause of death?* If yes If yes, specify outbreak No* Risk Factors Has HIV test been performed* Other immunosuppressive illness (chronic renal failure, Yes No Unknown alcoholism, diabetes, gastrectomy)* If yes, specify If yes, specify nature of contact* If yes, specify name of case* Born outside New Zealand* If yes, specify country of birth* If yes, specify exposure* Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation*			Asymptomat	ic		
Hospital* Died*	Hospitalised*	○ Yes	○ No		OUnknow	vn
Died*	Date hospitalised*	dd/mm/yyyy 🛗	Unknown			
Date died* dd/mm/yyyy	Hospital*					
Was this disease the primary cause of death?* If no, specify the primary cause of death* Yes	Died*	○ Yes	○ No		OUnknow	vn
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	Date died*	dd/mm/yyyy 	Unknown			
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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 no, specify the prin	mary cause of death*				
Risk Factors Has HIV test been performed* Other immunosuppressive illness (chronic renal failure, Yes	Outbreak Details					
Risk Factors Has HIV test been performed* Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* If yes, specify Immunosuppressive medication* Other immunosuppressive medication* If yes, specify Immunosuppressive medication* Ocontact with a confirmed case of tuberculosis* If yes, specify nature of contact* If yes, specify nature of contact* If yes, specify nature of contact* If yes, specify name of case* Born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation*	Is this case part of an out	break (i.e. known to be linked	d to one or mo	re othe	er cases of the s	same disease)?*
Has HIV test been performed* Yes		Yes If yes, specify	Outbreak No*			
Other immunosuppressive illness (chronic renal failure,	Risk Factors					
If yes, specify Immunosuppressive medication* Contact with a confirmed case of tuberculosis* If yes, specify nature of contact* If yes, did contact occur within New Zealand* If yes, specify name of case* Born outside New Zealand* If yes, specify country of birth* If yes, date of arrival in NZ* Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation*	Has HIV test been perforn	ned*	○ Yes		○ No	Ounknown
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If yes, did contact occur within New Zealand* If yes, specify name of case* Born outside New Zealand* If yes, specify country of birth* If yes, date of arrival in NZ* Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* Yes No Unknown Unknown Unknown Unknown Unknown O Unknown			○ Yes		○ No	OUnknown
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Born outside New Zealand* If yes, specify country of birth* If yes, date of arrival in NZ* Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* O Yes No Unknown Unknown Unknown O Unknown	If yes, did contact occur	within New Zealand*	Yes		○ No	Unknown
If yes, specify country of birth* If yes, date of arrival in NZ* Durknown Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* Yes No Unknown	If yes, specify nar	ne of case*				
If yes, date of arrival in NZ* Current or recent residence in a household with a person(s) born outside New Zealand* If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* Maintended Unknown Unknown	Born outside New Zealand	*	○ Yes		○ No	Ounknown
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If yes, specify country of birth* Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* Yes No Unknown Unknown Unknown			○ Yes		○No	Ounknown
Exposure in health care setting* If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* Yes No Unknown Unknown Unknown						
If yes, specify exposure* Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* O Yes O No O Unknown O Unknown			O Vec		○ No	Ollpknown
Current or recent residence in an institution (e.g. prison)* If yes, specify details* Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation* O Yes No Unknown Unknown	-		O les		O NO	Olikilowii
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Exposure to cattle, deer, possums, other wild animals O Yes O No Unknown or animal products in work or recreation*		e iii dii iiistitutioii	O les		O NO	Olikilowii
or animal products in work or recreation*	If yes, specify details*					
•			○ Yes		○No	Ounknown
	•					
Other risk factors for tuberculosis (specify)*	Other rick factors for tube	arculosis (specify)*				

Protective Factors At any time prior to onset, had the case been immunised with BCG vaccine? Yes No Unknown If yes, specify date given* Unknown
*
The consider data given *
If yes, specify date given*
If yes, how was this confirmed* Scar Patient/Caregiver recall Documented Unknown
Management
CASE MANAGEMENT
Under specialist care* O Yes O No O Unknown
Name of specialist*
Did the case receive treatment?* ○ Yes ○ Treatment declined ○ Treatment inappropriate ○ Unknown
If yes
Date treatment started*
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 ○ Transferred to overseas medical care
○ Went overseas (medical care not transferred or unknown) ○ Died
Refused to complete treatment Stopped treatment because of adverse effects
○ Stopped due to pregnancy ○ Lost to follow up
O Discontinuation of interim treatment for LTBI (child <5 years)
Did case receive DOT throughout the intensive phase of treatment?* Yes O No Unknown
Did case receive DOT throughout the course of treatment?*
CONTACT MANAGEMENT (disease only)
Did case have any contacts at risk of infection?* Yes O No O Unknown
If yes, type of contact: Number Identified
Close contacts*
Casual contacts*
Comments*