# CASE REPORT FORM Generic

EpiSurv No.

## Disease Name

## 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*** **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*** **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)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

EpiSurv No. _____

## Basis of Diagnosis

**CLINICAL CRITERIA (refer to case definition)**

**Fits Clinical Description*** ○ Yes ○ No ○ Unknown

If Leprosy, clinical form* ○ Tuberculoid (TT) ○ Borderline (BB) ○ Lepromatous (LL)

If Hydatid disease, Radiological/Imaging evidence of characteristic cystic disease* ○ Yes ○ No ○ Unknown

**LABORATORY CRITERIA (refer to case definition)**

**Laboratory confirmation of disease*** ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify form of lab confirmation (tick all that apply)*

Isolation of organism from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Detection of organism by NAAT from clinical specimen ○ Yes ○ No ○ Not Done ○ Awaiting Results

Positive IgM antibody ○ Yes ○ No ○ Not Done ○ Awaiting Results

Significant rise in antibody level ○ Yes ○ No ○ Not Done ○ Awaiting Results

Other positive test* _____

**EPIDEMIOLOGICAL CRITERIA (refer to case definition)**

**Contact with a laboratory confirmed case of the same disease*** ○ Yes ○ No ○ Unknown

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

**ADDITIONAL LABORATORY DETAILS**

If Leprosy, acid bacilli result* ○ Multibacillary ○ Paucibacillary

**Other lab details:*** _____

## Clinical Course and Outcome

**Date of onset*** _____ ☐ Approximate ☐ Unknown

**Hospitalised*** ○ Yes ○ No ○ Unknown

**Date hospitalised*** _____ ☐ Unknown

**Hospital*** _____

**Died*** ○ Yes ○ No ○ Unknown

**Date died*** _____ ☐ 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

**Occupational exposure to disease reservoir*** ○ Yes ○ No ○ Unknown

If yes specify exposure in detail:* _____

**Attendance at school, pre-school or childcare*** ○ Yes ○ No ○ Unknown

EpiSurv No. _____

## Risk Factors continued

**Was the case overseas during the incubation period for this disease*** ○ Yes ○ No ○ Unknown
(refer to the Manual for Public Health surveillance in New Zealand or specific Ministry of Health guidance for incubation periods)

**If yes, date arrived in New Zealand*** _____

**Specify countries visited*** (from most recent to least recent)

| | Country/Region | Date Entered | Date Departed |
|---|---|---|---|
| Last: | | | |
| Second Last: | | | |
| Third Last: | | | |

**If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?*** ○ Yes ○ No ○ Unknown

If yes, specify* _____

**Other risk factors for disease*** _____

## Source

**Was a source *confirmed* by:***

a) Epidemiological evidence* ○ Yes ○ No ○ Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* ○ Yes ○ No ○ Unknown

e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source:* _____

**If not, were any probable sources identified?*** ○ Yes ○ No ○ Unknown

If yes, specify probable source(s):* _____

## Protective Factors

**Prior to onset, had the case been immunised with appropriate vaccine?*** ○ Yes ○ No ○ NA ○ Unknown

If yes, specify date of last vaccination* _____

If yes, how was vaccination status confirmed* ○ Patient/Caregiver recall ○ Documented ○ NA ○ Unknown

## Management

**CASE MANAGEMENT**

**Case excluded from work or school, pre-school or childcare for an appropriate period** ○ Yes ○ No ○ NA ○ Unknown

**CONTACT MANAGEMENT**

**Number of contacts identified (if applicable)** _____

**Number of contacts followed up according to national or local protocols (if applicable)** _____

## Comments*