

# CASE REPORT FORM

# Enteric Disease

<b>Enteric Disease</b>		EpiSurv No. <b>EpiSurvNumber</b>
<b>Disease Name</b> <b>DiseaseName</b>		
<input type="radio"/> Gastroenteritis - unknown cause <input type="radio"/> Gastroenteritis/foodborne intoxication - specify <b>DiseaseCauseName</b>		
<input type="radio"/> Campylobacteriosis <input type="radio"/> Cholera <input type="radio"/> Cryptosporidiosis <input type="radio"/> Giardiasis		
<input type="radio"/> Paratyphoid fever <input type="radio"/> Salmonellosis <input type="radio"/> Shigellosis <input type="radio"/> Typhoid fever <input type="radio"/> Yersiniosis		
<b>Reporting Authority</b>		
<b>Name of Public Health Officer responsible for case</b> <b>OfficerName</b>		
<b>Notifier Identification</b>		
<b>Reporting source*</b> <b>ReportSrc</b>		
<input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory		
<input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other		
<b>Name of reporting source</b> <b>ReportName</b>		<b>Organisation</b> <b>ReportOrganisation</b>
<b>Date reported*</b> <b>ReportDate</b>		<b>Contact phone</b> <b>ReportPhone</b>
<b>Usual GP</b> <b>UsualGP</b>	<b>Practice</b> <b>GPPracticeName</b>	<b>GP phone</b> <b>GPPhone</b>
<b>GP/Practice address</b> Number _____ Street _____ Suburb _____		
<b>GPAddress</b> Town/City _____		Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____
<b>Case Identification</b>		
<b>Name of case*</b> Surname <b>Surname</b>		Given Name(s) <b>GivenName</b>
<b>NHI number*</b> <b>NHINumber</b>		<b>Email</b> <b>Email</b>
<b>Current address*</b> Number _____ Street _____ Suburb _____		
<b>CaseAddress</b> Town/City _____		Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____
<b>Phone (home)</b> <b>PhoneHome</b>		<b>Phone (work)</b> <b>PhoneWork</b> <b>Phone (other)</b> <b>PhoneOther</b>
<b>Case Demography</b>		
<b>Location</b> <b>TA* TA</b>		<b>DHB* DHB</b>
<b>Date of birth*</b> <b>DateOfBirth</b>		<b>OR</b> <b>Age</b> <b>Age</b> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>
<b>Sex*</b> <b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown		
<b>Occupation*</b> <b>Occupation</b>		
<b>Occupation location</b> <b>PlaceOfWork1Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
<b>Name</b> <b>PlaceOfWork1</b>		
<b>Address</b> Number _____ Street _____ Suburb _____		
<b>PlaceOfWork1Address</b> Town/City _____		Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____
<b>Alternative location</b> <b>PlaceOfWork2Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
<b>Name</b>		
<b>Address</b> Number _____ Street _____ Suburb _____		
<b>PlaceOfWork2Address</b> Town/City _____		Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____
<b>Ethnic group case belongs to*</b> (tick all that apply)		
<input type="checkbox"/> NZ European <b>EthNZEuropan</b> <input type="checkbox"/> Maori <b>EthMaori</b> <input type="checkbox"/> Samoan <b>EthSamoan</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>		
<input type="checkbox"/> Niuean <b>EthNiuean</b> <input type="checkbox"/> Chinese <b>EthChinese</b> <input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b>		
<input type="checkbox"/> Other (such as Dutch, Japanese) <b>EthOther</b> *(specify) <b>EthSpecify1</b> _____ <b>EthSpecify2</b> _____		

**Basis of Diagnosis****CLINICAL CRITERIA**

Fits clinical description\* **FitClinDes**  Yes  No  Unknown

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

Meets laboratory criteria\* **LabConf**  Yes  No  Unknown

Isolation (culture) of organism\* **IsolnOrg**  Yes  No  Not Done  Awaiting Results

Specify site\* **IsolnSite**  Faeces  Blood  Other site (\*specify) **IsolnSiteSpec** \_\_\_\_\_

Detection of organism nucleic acid (eg PCR)\* **PCR**  Yes  No  Not Done  Awaiting Results

Specify site\* **IsolnSite**  Faeces  Blood  Other site (\*specify) **PCRSiteSpec** \_\_\_\_\_

Detection of organism antigen\* **Antigen**  Yes  No  Not Done  Awaiting Results

Specify site\* **AntigenSite**  Faeces  Blood  Other site (\*specify) **AntigenSiteSpec** \_\_\_\_\_

Demonstration by microscopy of oocysts/cysts/ trophozoites\* **Microsc**  Yes  No  Not Done  Awaiting Results

Specify site\* **AntigenSite**  Faeces  Blood  Other site (\*specify) **MicroscSiteSpec** \_\_\_\_\_

Detection of toxin\* **Toxin**  Yes  No  Not Done  Awaiting Results

Specify site\* **ToxinSite**  Faeces  Blood  Other site (\*specify) **ToxinSiteSpec** \_\_\_\_\_

Other positive test (e.g. serology), specify test and result\* **OtherTest** \_\_\_\_\_

Specify site\* **OtherTestSite**  Faeces  Blood  Other site (\*specify) **OtherTestSiteSpec** \_\_\_\_\_

Organism / toxin isolated or detected from linked food or water\* **OrgFood**  Yes  No  Not Done  Awaiting Results

**EPIDEMIOLOGICAL CRITERIA**

Contact with a confirmed case of the same disease\* **ContCase**  Yes  No  Unknown  
(If yes also record details in risk factors section)

Part of an identified common source outbreak\* **ComSceObrk**  Yes  No  Unknown  
(If yes also record details in outbreak section and risk factors section)

**CLASSIFICATION\*** **Status**  Under Investigation  Probable  Confirmed  Not a case

**ADDITIONAL LABORATORY DETAILS**

Organism species /serotype / phage toxin etc\* **AddLab** \_\_\_\_\_

**AddLab2** \_\_\_\_\_

**AddLab3** \_\_\_\_\_

ESR Updated  **AutoUpdated** Laboratory **Laboratory** \_\_\_\_\_

Date result updated **SampleDate** \_\_\_\_\_

Sample Number **SampleNumber** \_\_\_\_\_

Was whole genome sequencing / genotyping done? **Genome**  Yes  No  Unknown

If yes, laboratory where done **GenomeLab** \_\_\_\_\_

Date **GenomeDate** \_\_\_\_\_

**ASSOCIATED FOOD/WATER/ENVIRONMENTAL SAMPLES**

Were there any food, water or environmental samples associated with this case?  Yes  No  Unknown  
**AssocSample**

If yes, specify type(s) and results

Sample Type	Sample Number	Result
<b>SmplType1</b>	<b>SmplNumber1</b>	<b>SmplResult1</b>
<b>SmplType2</b>	<b>SmplNumber2</b>	<b>SmplResult2</b>
<b>SmplType3</b>	<b>SmplNumber3</b>	<b>SmplResult3</b>

## 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** \_\_\_\_\_

## Risk Factors

## FOOD PREMISES

Did the case consume food from a food premise during the incubation period?~  Yes  No  Unknown  
If yes, specify **Premises**

1. Name of premise **PremiseSpec1** \_\_\_\_\_

Address Number **hounumber** Street **streetname** Suburb **suburb**  
Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy**

Foods eaten **FoodsEaten1** Date consumed **DateConsumed1** \_\_\_\_\_

Comments **Comments1** Status **Implicated1**  Suspected  Confirmed  Exonerated

2. Name of premise **PremiseSpec2** \_\_\_\_\_

Address Number **hounumber** Street **streetname** Suburb **suburb**  
Town/City **towncity** Post Code **postco...**  GeoCode **geocode** **addressmatchaccuracy**

Foods eaten **FoodsEaten2** Date consumed **DateConsumed2** \_\_\_\_\_

Comments **Comments2** Status **Implicated2**  Suspected  Confirmed  Exonerated

3. Name of premise **PremiseSpec3** \_\_\_\_\_

Address Number **hounumber** Street **streetname** Suburb **suburb**  
Town/City **towncity** Post Code **postcode**  GeoCode **geocode** **addressmatchaccuracy**

Foods eaten **FoodsEaten3** Date consumed **DateConsumed3** \_\_\_\_\_

Comments **Comments3** Status **Implicated3**  Suspected  Confirmed  Exonerated

## RAW MILK

Did the case consume raw (unpasteurised) milk or products made from raw milk during the incubation period?~ **RwMilk**  Yes  No  Unknown

If yes, specify type of product(s) e.g. milk, yoghurt, cheese brand(s) where obtained

Product 1: **RwMilkProd1** **RwMilkBrand1** **RwMilkSce1**

Product 2: **RwMilkProd2** **RwMilkBrand2** **RwMilkSce2**

Product 3: **RwMilkProd3** **RwMilkBrand3** **RwMilkSce3**

**Risk Factors continued****DRINKING WATER**

**Current address\*** water supply code CurrWSCode or specify CurrWSSpec

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

**Did the case consume water other than regular supply (home or work / school / pre-school) during the incubation period?~ NonHabWS**  Yes  No  Unknown

If yes, specify address\* NonHabStreet1 NonHabSuburb1 NonHabCity1 Water supply code NonHabSupply1

NonHabStreet2 NonHabSuburb2 NonHabCity2 Water supply code NonHabSupply2

**Did the case consume untreated surface water, bore water or rain water during the incubation period?~ Untreated**  Yes  No  Unknown

If yes, specify water source:~ UntreatedSource

**RECREATIONAL WATER CONTACT**

**Did the case have recreational contact with water during the incubation period?~**  Yes  No  Unknown

If yes, nature of contact RecContWtr

**Swimming in public swimming pool, spa pool or in other pool (e.g. school, hospital, motel, private pool) Pool**

**1. Name of pool** PoolSpec1

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

Comments PoolComment1 Date of exposure PoolDate1

**2. Name of pool** PoolSpec2

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

Comments PoolComment2 Date of exposure PoolDate2

**3. Name of pool** PoolSpec3

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchacc...

Comments PoolComment3 Date of exposure PoolDate3

**Swimming in streams, rivers, sea etc RiverSea**

**1. Name of stream/river/beach** RiverSeaSpec1

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment1 Date of exposure RiverSeaDate1

**2. Name of stream/river/beach** RiverSeaSpec2

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment2 Date of exposure RiverSeaDate2

**3. Name of stream/river/beach** RiverSeaSpec3

Address Number houenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

Comments RiverSeaComment3 Date of exposure RiverSeaDate3

**Risk Factors continued****RECREATIONAL WATER CONTACT**

**Other recreational contact with water** **OthRecCont** **OthRecSpec** Date of exposure **OthRecDate** \_\_\_\_\_  
 Location of other recreational contact with water **OthWater** \_\_\_\_\_

**HUMAN CONTACT**

**Attendance at school, preschool or childcare**~ **AttenSch**  Yes  No  Unknown

**Did the case have contact with other symptomatic people during the incubation period?**~ **OthSym**  Yes  No  Unknown

If yes, specify type of contact **OthSymCont** \_\_\_\_\_

If yes, give names of people **OthSymCases** \_\_\_\_\_

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**Did the case have contact with children in nappies, sewage or other types of faecal matter or vomit during the incubation period?**~ **ContFaecal**  Yes  No  Unknown

If yes, specify what they had contact with **ContFaecalSpec** \_\_\_\_\_

**ANIMAL CONTACT**

**Did the case have contact with farm animals during the incubation period?**~ **Farm**  Yes  No  Unknown

If yes, specify type of animal **FarmSpec** \_\_\_\_\_

**Did the case have contact with sick animals during the incubation period?**~ **SickAn**  Yes  No  Unknown

If yes, specify type of animal and illness **SickAnSpec** \_\_\_\_\_

**OVERSEAS TRAVEL**

**Was the case overseas during the incubation period for this disease?**~ **Overseas**  Yes  No  Unknown

If yes, date arrived in New Zealand\* **DtArrived** \_\_\_\_\_

Specify countries visited*	Country	Date Entered	Date Departed
Last (most recent):*	<b>LastCountry</b>	_____	<b>LastDtArrived</b> _____ <b>LastDtDeparted</b>
Second last:*	<b>SecCountry</b>	_____	<b>SecDtArrived</b> _____ <b>SecDtDeparted</b>
Third last:*	<b>ThirdCountry</b>	_____	<b>ThirdDtArrived</b> _____ <b>ThirdDtDeparted</b>

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

If yes, specify\* **PriorSpec** \_\_\_\_\_

**OTHER**

**For shigellosis in males aged  $\geq 15$  years, did the case have sexual contact with another male/other males during the incubation period?** **MSM**  Yes  No  Unknown

**Other risk factor for disease (specify)**~ **RiskSpec** \_\_\_\_\_

**Source****Was a source confirmed by\***

a) Epidemiological evidence\* **SceConfEpi**  Yes  No  Unknown

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

b) Laboratory evidence\* **SceConfLab**  Yes  No  Unknown

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

**Source continued****Specify confirmed source(s)\***

- From consumption of contaminated food or drink, specify food or drink **ConfFD**

**ConfFDName****ConfFDSpec**

- From consumption of contaminated drinking water, specify supply **ConfDW**

**ConfDWSpec**

- From contact with infected animal, specify type of animal **ConfInfAnim**

**ConfInfAnimSpec**

- Person to person contact with another case, specify relationship to case **ConfPP**

**ConfPPSpec**

- From other confirmed source, specify source **ConfOtherSce** **ConfOtherSceSpec**

**If not confirmed, were any probable sources identified?\*** **SceProb**  Yes  No  Unknown

Specify probable source(s)\*

- From consumption of contaminated food or drink, specify food or drink **ProbFD**

**ProbFDName****ProbFDSpec**

- From consumption of contaminated drinking water, specify supply **ProbDW**

**ProbDWSpec**

- From contact with infected animal, specify type of animal **ProbInfAnim**

**ProbInfAnimSpec**

- Person to person contact with another case, specify relationship to case **ProbPP**

**ProbPPSpec**

- From other probable source, specify source **ProbPPSpec** **ProbOtherSceSpec**

**Management****CASE MANAGEMENT**

**Case excluded from work or school/preschool/childcare until well?** **Excluded**  Yes  No  NA  Unknown

**Does the case fit any of the following high risk categories?**Early childhood centre work **ChildWorker** Yes  No  UnknownFood handler **FoodHandler** Yes  No  UnknownWater supply worker **WaterWorker** Yes  No  UnknownIntellectually/physically impaired **IHC** Yes  No  UnknownHealthcare/rest-home worker **HealthWorker** Yes  No  Unknown

If yes, to any of the above, was the case excluded from work until microbiological clearance achieved? **TestClear**

 Yes  No  NA  Unknown**CONTACT MANAGEMENT**

**Number of contacts identified** **NoContacts** \_\_\_\_\_

**Number of contacts followed up according to national or local protocols** **NoFollowup** \_\_\_\_\_

**Comments\*****Comments**

## Food Premises

**4. Name of premise** PremiseSpec4

**Address** Number houenumber Street streetname Suburb suburb  
 Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

**Foods eaten** FoodsEaten4**Date consumed** DateConsumed4**Comments** Comments4 **Status** Implicated4  Suspected  Confirmed  Exonerated**5. Name of premise** PremiseSpec5

**Address** Number houenumber Street streetname Suburb suburb  
 Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

**Foods eaten** FoodsEaten5**Date consumed** DateConsumed5**Comments** Comments5 **Status** Implicated5  Suspected  Confirmed  Exonerated**6. Name of premise** PremiseSpec6

**Address** Number houenumber Street streetname Suburb suburb  
 Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

**Foods eaten** FoodsEaten6**Date consumed** DateConsumed6**Comments** Comments6 **Status** Implicated6  Suspected  Confirmed  Exonerated**7. Name of premise** PremiseSpec7

**Address** Number houenumber Street streetname Suburb suburb  
 Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

**Foods eaten** FoodsEaten7**Date consumed** DateConsumed7**Comments** Comments7 **Status** Implicated7  Suspected  Confirmed  Exonerated**8. Name of premise** PremiseSpec8

**Address** Number houenumber Street streetname Suburb suburb  
 Town/City towncity Post Code postcode  GeoCode geocode addressmatchaccuracy

**Foods eaten** FoodsEaten8**Date consumed** DateConsumed8**Comments** Comments8 **Status** Implicated8  Suspected  Confirmed  Exonerated