CASE REPORT FORM — Listeriosis

EpiSurv No. ______

Disease Name

○ Listerisosis ○ Pregnancy associated listeriosis

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

Fits Clinical Description* ○ Yes ○ No ○ Unknown

Clinical Features*

Pregnancy associated case*

Illness in mother	○ Yes	○ No	○ Unknown
Preterm labour	○ Yes	○ No	○ Unknown
Illness in infant	○ Yes	○ No	○ Unknown
Intrauterine death	○ Yes	○ No	○ Unknown

Not pregnancy associated case*

Meningitis	○ Yes	○ No	○ Unknown
Septicaemia	○ Yes	○ No	○ Unknown
Other (specify) ____________			

LABORATORY CRITERIA

Isolation of *Listeria monocytogenes* from a normally sterile site* ○ Yes ○ No ○ Not Done ○ Awaiting Results

If yes, specify site:*

Mother
- ○ blood culture
- ○ high vaginal swab

Foetus/neonate
- ○ blood culture
- ○ CSF
- ○ body swabs
- ○ placental tissue, foetal tissue

Other (specify)* ____________

Not pregnancy associated case
- ○ blood culture
- ○ CSF

Other (specify)* ____________

CLASSIFICATION* ○ Under investigation ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

Serotype (specify) ____________

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.*** ____________

EpiSurv No. ________________

Risk Factors

PREGNANCY ASSOCIATED CASES

Pregnancy details

Due date* ________________ ☐ Unknown

Date of delivery* ________________ ☐ Unknown

Gestation at date of delivery* ______ weeks

Foetus/infant died* ○ Yes ○ No ○ Unknown

Date died* ________________ ☐ Unknown

If foetus/infant died from disease other than listeriosis, specify* ________________

NOT PREGNANCY ASSOCIATED CASES

Underlying illness* ○ Yes ○ No ○ Unknown

If yes, specify* ________________

Receiving immunosuppressive drugs* ○ Yes ○ No ○ Unknown

If yes, specify* ________________

Admitted to hospital for treatment of another illness (other than listerosis)* ○ Yes ○ No ○ Unknown

If yes, specify* ________________

ALL CASES

Was case overseas during incubation period (range = 3-70 days) for listeriosis?* ○ Yes ○ No ○ Unknown

Other risk factors for listeriosis, specify*

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 a known case

b) Laboratory evidence* ○ Yes ○ No ○ Unknown

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

Specify confirmed source(s)*

☐ From consumption of contaminated food or drink, specify food or drink ________________

☐ From contact with infected animal, specify type of animal ________________

☐ Person to person contact with another case, specify case ________________

☐ From other confirmed source, specify source ________________

EpiSurv No. ________________

Source continued

If not, was a *probable* source identified?* ◯ Yes ◯ No ◯ Unknown

Specify *probable* source(s)*

- ☐ From consumption of contaminated food or drink, specify food or drink ____________________
- ☐ From contact with infected animal, specify type of animal ____________________
- ☐ Person to person contact with another case, specify relationship ____________________
- ☐ From other probable source, specify source ____________________

Management

CASE MANAGEMENT

Case excluded from work or school / pre-school / childcare until well? ◯ Yes ◯ No ◯ NA ◯ Unknown

Comments*

Version 12 December 2017 *** core surveillance data, ~ core data**