CASE REPORT FORM — Viral Haemorrhagic Fever

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

LABORATORY CRITERIA (refer to case definition)

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

If yes, specify laboratory confirmation method (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 (IgG)	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of antigen by ELISA	○ Yes	○ No	○ Not Done	○ Awaiting Results

Other positive test* _____

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

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

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

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

Was the case overseas during the incubation period for this disease?* ○ Yes ○ No ○ Unknown
(refer to the Communicable Disease Control Manual or 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:			

EpiSurv No. _____

Risk Factors continued

During the time overseas:

Did the case visit or work in caves or mines?* ○ Yes ○ No ○ Unknown

If yes, specify cave exposure _____

Did the case have contact with an animal reservoir for this disease?* ○ Yes ○ No ○ Unknown

If yes, specify animal exposure _____

Did the case handle or consume meat or animal products e.g. bush meat or unpasteurised milk?* ○ Yes ○ No ○ Unknown

If yes, specify exposure detail _____

Was the case potentially exposed to body fluids / blood / tissue from a confirmed, probable or suspect case during the incubation period for this disease?* ○ Yes ○ No ○ Unknown

If yes, what was the nature of exposure?

Household exposure ○ Yes ○ No ○ Unknown

Sexual exposure ○ Yes ○ No ○ Unknown

Dead body exposure ○ Yes ○ No ○ Unknown

Occupational exposure (e.g. healthcare worker, laboratory worker etc) ○ Yes ○ No ○ Unknown

If yes, specify occupational exposure _____

Other exposure to body fluids / blood / tissue from a case ○ Yes ○ No ○ Unknown

If yes, specify other exposure _____

Other risk factor(s) for disease _____

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

Was the case excluded from work or school, pre-school or childcare for an appropriate period? ○ Yes ○ No ○ NA ○ Unknown

Was appropriate infection control advice given? ○ Yes ○ No ○ NA ○ Unknown

CONTACT MANAGEMENT

Flight number(s) if case infectious while on board a flight*

Last flight _____ 2nd to last flight _____ 3rd to last flight _____ 4th to last flight _____

Attendance at school, preschool or childcare ○ Yes ○ No ○ Unknown

Does case live or work in an institution (e.g. prison, boarding hostel) ○ Yes ○ No ○ Unknown

If yes, specify detail _____

Number of contacts identified (if applicable) _____

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

Comments*