CASE REPORT FORM — Highly Pathogenic Avian Influenza

DiseaseName EpiSurv No. EpiSurvNumber

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

Reporting source* ReportSrc ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

GP/Practice address Number housenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* Number housenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Phone (home) PhoneHome **Phone (work)** PhoneWork **Phone (other)** PhoneOther

Case Demography

Location TA* TA **DHB*** DHB

Date of birth* DateOfBirth **OR Age** Age ○ Days ○ Months ○ Years AgeUnits

Sex* Sex ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* Occupation

Occupation location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

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

Alternative location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

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

Ethnic group case belongs to* (tick all that apply)

☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori

☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 _____ EthSpecify2 _____

DiseaseName _____ EpiSurv No. EpiSurvNumber

Basis of Diagnosis

CLINICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

Symptoms* FeverGT38 ☐ Fever > 38°C ☐ Cough ☐ Shortness of breath ☐ Sore throat

Other symptoms (e.g. diarrhoea), specify* OthSymSpec _____

Pneumonia* Pneumonia ○ Yes ○ No ○ Unknown

Radiological/imaging evidence of pneumonia* RadEvidPneu ○ Yes ○ No ○ Not Done ○ Awaiting Results ○ Unknown

Respiratory Distress Syndrome (ARDS)* ARDS ○ Yes ○ No ○ Unknown

Ventilation required* VentReqd ○ Yes ○ No ○ Unknown

LABORATORY CRITERIA (refer to the current case definition on the Ministry of Health website)

Specify form of lab confirmation (tick all that apply)*	Laboratory 1	Laboratory 2
Positive PCR test*	☐ PCR1	☐ PCR2
Positive immunofluorescence assay (IFA)*	☐ PosIFA1	☐ PosIFA2
Isolation of organism from clinical specimen*	☐ Isolation1	☐ Isolation2
Positive haemagglutination inhibition test (HAI)*	☐ HAI1	☐ HAI2
Other positive test* (specify*)	☐ OthPosTest1 ___ OthPosSpec1	☐ OthPosTest2 ___OthPosSpec2

If none, have other respiratory pathogens been excluded?* RespPathsExc ○ Yes ○ No ○ Unknown

Confirmation of disease by two referral laboratories* LabConf

○ Yes ○ No ○ Not Done ○ Awaiting Results ○ Unknown

EPIDEMIOLOGICAL CRITERIA (refer to the current case definition on the Ministry of Health website)

Contact with person with HPAI in the last 7 days* EpiCont ○ Yes ○ No ○ Unknown

Travel to epidemic/enzootic area in the last 7 days* EpiTravel ○ Yes ○ No ○ Unknown

STATUS* Status ○ Under investigation ○ Suspect ○ Probable ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

Organism species / serotype / phage type / toxin etc.* AddLab _____

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 _____

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Risk Factors

Was the case in contact with another HPAI case(s)?* ContCase ○ Yes ○ No ○ Unknown

If yes, please add as contact

Was the case overseas during the incubation period for this disease (7 days)?* Overseas ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* DtArrived _____ *Flight/Voyage No. Flight _____

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

Sequence	Country/Region	Date Entered	Date Departed
Last:*	LastCountry _____	LastDtEntered _____	LastDtDeparted _____
Second Last:*	SecCountry _____	SecDtEntered _____	SecDtDeparted _____
Third Last:*	ThirdCountry _____	ThirdDtEntered _____	ThirdDtDeparted _____

During the time overseas did the case visit any place where close contact with birds was possible or visit an environment contaminated with bird faeces?* PossCont ○ Yes ○ No ○ Unknown

If yes, did the case have close contact with or handle birds?* ContBird ○ Yes ○ No ○ Unknown

During the previous seven days did the case have contact in New Zealand with:*

a) Raw bird meat or other avian products?* RawBird ○ Yes ○ No ○ Unknown

b) Any domestic birds (e.g. birds that are commonly reared for their flesh, eggs, feathers or fighting, and kept in a yard or similar enclosure), wild birds, or other at risk animals?* DomBird ○ Yes ○ No ○ Unknown

During the previous seven days was the case a worker in or visitor to a laboratory where avian influenza viral samples are tested?* LabWorker ○ Yes ○ No ○ Unknown

Specify details of any contact* ContDetails _____

Other risk factors for disease* RiskSpec _____

Protective Factors

Has the case had a seasonal influenza vaccination in the last 12 months?* SeasVacc ○ Yes ○ No ○ Unknown

If yes, specify date of last vaccination* DtSeasVacc _____

Has the case had a pre pandemic influenza vaccination in the last 12 months?* PrePVacc ○ Yes ○ No ○ Unknown

If yes, specify date of last vaccination* DtPrePVacc _____

Has the case had a pandemic influenza vaccination in the last 12 months?* PandVacc ○ Yes ○ No ○ Unknown

If yes, specify date of last vaccination* DtPandVacc _____

Management

CASE MANAGEMENT / CONTROL

Was the case excluded from work or school, pre-school or childcare for the appropriate period?* Excluded ○ Yes ○ No ○ Not Applicable ○ Unknown

Was appropriate infection control advice given?* InfCtlAdv ○ Yes ○ No ○ Unknown

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Management continued

CONTACT MANAGEMENT

Contact Type*	Number identified	Number counselled	Number with symptoms	Given post exposure prophylaxis
Household*	HHNumId	HHNumCoun	HHNumSym	HHNumProph
Workplace*	WPNumId	WPNumCoun	WPNumSym	WPNumProph
Education setting*	ECNumId	ECNumCoun	ECNumSym	ECNumProph
Healthcare setting*	HCNumId	HCNumCoun	HCNumSym	HCNumProph
Other*, specify* OthContSetting	OthNumId	OthNumCoun	OthNumSym	OthNumProph

ANTI-VIRAL STATUS

Did the case receive anti-virals?* AntiVTmt ○ Yes ○ No ○ Unknown

If yes,

a) specify purpose of anti-viral administration* AntiVPurpose

○ Pre-exposure prophylaxis ○ Post-exposure prophylaxis ○ Treatment ○ Unknown

If pre-exposure prophylaxis, did the case take any of the following medications during the 7 days prior to the onset of symptoms?*

Medication	If yes, was the medication taken every day during this 7 day period?	Date Started
☐ Oseltamivir phosphate (Tamiflu®)* EvDayOseltamivir	○ Yes ○ No ○ Unknown	DtOseltamivir
☐ Zanamivir (Relenza®)* EvDayZanamivir	○ Yes ○ No ○ Unknown	DtZanamivir
☐ Amantadine (Symadine®, Symmetrel®)* EvDayAmantadine	○ Yes ○ No ○ Unknown	DtAmantadine
☐ Rimantadine (Flumadine®)* EvDayRimantadine	○ Yes ○ No ○ Unknown	DtRimantadine

b) specify source of anti-viral supply* AntiVSource

○ Personal store ○ National stockpile ○ Unknown

If treatment was considered and not given, specify reason* AntiVNonTmt

○ Does not meet case definition ○ Outside window for treatment ○ Unknown

ANTIBIOTIC STATUS

Has the case been given antibiotic treatment for this illness?* AntiBTmt ○ Yes ○ No ○ Unknown

If yes, specify antibiotic type given* AntiBTypeSpecify _____

Comments*

Comments

Version 3rd August 2007 *** core surveillance data, ~ optional data**