

# CASE REPORT FORM

# Highly Pathogenic Avian Influenza

EpiSurv No. _____	
<b>Reporting Authority</b>	
Name of Public Health Officer responsible for case _____	
<b>Notifier Identification</b>	
<b>Reporting source*</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	
Name of reporting source _____ Organisation _____	
Date reported* _____ Contact phone _____	
Usual GP _____ Practice _____ GP phone _____	
GP/Practice address                    Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Case Identification</b>	
Name of case*    Surname _____ Given Name(s) _____	
NHI number* _____ Email _____	
Current address*                    Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Phone (home) _____ Phone (work) _____ Phone (other) _____	
<b>Case Demography</b>	
Location    TA* _____ DHB* _____	
Date of birth* _____ OR    Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years Sex* <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* _____	
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address                    Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name _____	
Address                    Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
<b>Ethnic group case belongs to*</b> (tick all that apply)	
<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)                    *(specify) _____	

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

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

Other symptoms (e.g. diarrhoea), specify\* \_\_\_\_\_

Pneumonia\*  Yes  No  Unknown

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

Respiratory Distress Syndrome (ARDS)\*  Yes  No  Unknown

Ventilation required\*  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\*



Positive immunofluorescence assay (IFA)\*



Isolation of organism from clinical specimen\*



Positive haemagglutination inhibition test (HAI)\*



Other positive test\* (specify\*)



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

Confirmation of disease by two referral laboratories\*

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\*  Yes  No  Unknown

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

STATUS\*  Under investigation  Suspect  Probable  Confirmed  Not a case

**ADDITIONAL LABORATORY DETAILS**

Organism species / serotype / phage type / toxin etc.\* \_\_\_\_\_

**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 in contact with another HPAI case(s)?\*  Yes  No  Unknown

If yes, please add as contact

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

If yes, date arrived in New Zealand\* \_\_\_\_\_ \*Flight/Voyage No. \_\_\_\_\_

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

Sequence	Country/Region	Date Entered	Date Departed
Last:*	_____	_____	_____
Second Last:*	_____	_____	_____
Third Last:*	_____	_____	_____

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?\*  Yes  No  Unknown

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

Specify details of any contact\* \_\_\_\_\_

Other risk factors for disease\* \_\_\_\_\_

**Protective Factors**

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

If yes, specify date of last vaccination\* \_\_\_\_\_

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

If yes, specify date of last vaccination\* \_\_\_\_\_

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

If yes, specify date of last vaccination\* \_\_\_\_\_

**Management****CASE MANAGEMENT / CONTROL**

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

Was appropriate infection control advice given?\*  Yes  No  Unknown

**Management continued****CONTACT MANAGEMENT**

Contact Type*	Number identified	Number counselled	Number with symptoms	Given post exposure prophylaxis
Household*	_____	_____	_____	_____
Workplace*	_____	_____	_____	_____
Education setting*	_____	_____	_____	_____
Healthcare setting*	_____	_____	_____	_____
Other*, specify* _____	_____	_____	_____	_____

**ANTI-VIRAL STATUS**

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

If yes,

a) specify purpose of anti-viral administration\*

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
<input type="checkbox"/> Oseltamivir phosphate (Tamiflu®)*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	_____
<input type="checkbox"/> Zanamivir (Relenza®)*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	_____
<input type="checkbox"/> Amantadine (Symadine®, Symmetrel®)*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	_____
<input type="checkbox"/> Rimantadine (Flumadine®)*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	_____

b) specify source of anti-viral supply\*

Personal store  National stockpile  Unknown

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

Does not meet case definition  Outside window for treatment  Unknown

**ANTIBIOTIC STATUS**

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

If yes, specify antibiotic type given\* \_\_\_\_\_

**Comments\***