CASE REPORT FORM Non seasonal influenza A(H1N1)

Non seasonal influenza A(H1N1) EpiSurv No.

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)

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Basis of Diagnosis

CLINICAL CRITERIA (refer to the current case definition)

Fits clinical description* Yes No Unknown

Pneumonia* Yes No Unknown

Respiratory Distress Syndrome (ARDS)* Yes No Unknown

Ventilation required* Yes No Unknown

LABORATORY CRITERIA (refer to the current case definition)

Meets laboratory criteria for disease* Yes No Unknown

STATUS* 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

Outbreak Details

Is this case part of an outbreak? Yes If yes, specify outbreak number

Risk Factors

Does the case have any of the following factors that place them at the risk of severe complications?*

Immunosuppression (inc. cancer, HIV/AIDS, immunosuppressive therapy)	Y	N	U	Chronic respiratory conditions (including asthma or COPD)	Y	N	U
Cardiac disease	Y	N	U	Diabetes mellitus	Y	N	U
Haemoglobinopathies	Y	N	U	Neurological	Y	N	U
Renal failure	Y	N	U	Morbid obesity	Y	N	U
Metabolic diseases	Y	N	U	Pregnancy	Y	N	U

Is the case a resident of an aged care facility?* Yes No Unknown

Has the case had regular contact with infants or young children?* Yes No Unknown

Is the case a healthcare worker?* Yes No Unknown

If yes, specify

Other risk factors for disease*

Protective Factors

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

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

Comments