

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) _____

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: _____	_____	_____

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*