CASE REPORT FORM — Arboviral Disease

Arboviral Disease _____ EpiSurv No. _____

Disease Name

- ○ Dengue fever
- ○ Barmah Forest virus infection
- ○ Murray Valley encephalitis
- ○ Ross River virus infection
- ○ Japanese encephalitis
- ○ Yellow fever
- ○ Kunjin
- ○ Lyme disease
- ○ Chikungunya fever

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 _____ Street _____ Suburb _____

GPAddress Town/City _____ Post Code _____ ☐ GeoCode ____

Case Identification

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

NHI number* NHINumber _____ **Email** Email _____

Current address* Number _____ Street _____ Suburb _____

CaseAddress Town/City _____ Post Code _____ ☐ GeoCode ____

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 PlaceOfWork1Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork1 _____

Address Number _____ Street _____ Suburb _____

PlaceOfWork1Address Town/City _____ Post Code _____ ☐ GeoCode ____

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name _____

Address Number _____ Street _____ Suburb _____

PlaceOfWork2Address Town/City _____ Post Code _____ ☐ GeoCode ____

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) EthOther *(specify) EthSpecify1 _____ EthSpecify2 _____

Arboviral Disease EpiSurv No. _____

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* FitClinDes ○ Yes ○ No ○ Unknown

Clinical features

Main clinical syndrome (tick appropriate options(s))

- ☐ Encephalitis: acute central nervous system disease with aseptic meningitis or encephalitis EncephalitisSyn
- ☐ Fever with or without an exanthem FeverSyn
- ☐ Arthritis and rash ArthritisSyn

Clinical comments ClinicalComments

LABORATORY CRITERIA

Laboratory confirmation of disease* LabConfirm	○ Yes	○ No	○ Not Done	○ Awaiting Results
If yes, specify method of laboratory confirmation (tick all that apply)				
Isolation of virus from a clinical specimen IsoVirus	○ Yes	○ No	○ Not Done	○ Awaiting Results
Detection of arbovirus nucleic acid NAATVirus	○ Yes	○ No	○ Not Done	○ Awaiting Results
Positive IgM antibody IgMPos	○ Yes	○ No	○ Not Done	○ Awaiting Results
If yes, has the IgM been confirmed as a true positive by an overseas laboratory? IgMConfirm	○ Yes	○ No	○ Not Done	○ Awaiting Results
IgG seroconversion IgGSero	○ Yes	○ No	○ Not Done	○ Awaiting Results
Significant rise in IgG antibody level IgGLevel	○ Yes	○ No	○ Not Done	○ Awaiting Results
Other positive test (specify) OthPosTest	_____			

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

ADDITIONAL LABORATORY DETAILS

Serotype* Serotype _____

If dengue, is there evidence of a previous dengue infection?* PrevDengue ○ Yes ○ No ○ Unknown

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 overseas during the incubation period for this disease?* Overseas ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* DtArrived _____

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

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

Country/region where arboviral disease probably acquired* ProbCountry _____

Specify location(s) visited (e.g. village, resort, island, region) CountryLocation _____

If the case has not been overseas recently, is there any prior history of overseas travel that might account for this infection?* PriorTravel ○ Yes ○ No ○ Unknown

If yes, give details of travel* PriorSpec _____

Did the case travel within New Zealand during the 15 days before becoming ill?* NZTravel ○ Yes ○ No ○ Unknown

Specify where in NZ the case travelled* NZSpec _____

Does the case's occupation involve contact with imported goods (e.g. imported machinery, tyres)?* ContImportedGoods ○ Yes ○ No ○ Unknown

Other risk factors for disease* RiskSpec _____

Protective Factors

Prior to onset, had the case been immunised with appropriate vaccine?* Immunised ○ Yes ○ No ○ NA ○ Unknown

If yes, specify date of last vaccination* DtLastVaccine _____ ☐ Unknown DtVaccUnknown

If yes, specify how vaccination status was confirmed?* SceVaccine ○ Patient/caregiver recall ○ Documented

Did the case take any of the following precautions:*

Use of insect repellents* Repellent	○ Always	○ Occasionally	○ Rarely	○ Never
Use of bed nets* BedNets	○ Always	○ Occasionally	○ Rarely	○ Never
Screened/air conditioned accommodation* Screened	○ Always	○ Occasionally	○ Rarely	○ Never
Wearing of long sleeved shirts and trousers* Clothing	○ Always	○ Occasionally	○ Rarely	○ Never
Any other precautions against biting insects* OthPrecaution	○ Always	○ Occasionally	○ Rarely	○ Never

Specify* PrecautionSpec _____

Management

Is the case pregnant (Zika only) Pregnant ○ Yes ○ No ○ NA ◉ Unknown

If Yes: gestation at time of onset of symptoms Gestation _____ weeks

or if asymptomatic, gestation at time sample collected AsymptGest _____ weeks

Comments*

Comments

Version 15 February 2016 *** core surveillance data, ~ optional data**