

CASE REPORT FORM

Listeriosis

DiseaseName _____	EpiSurv No. EpiSurvNumber _____
Disease Name DiseaseName	
<input type="radio"/> Listeriosis <input type="radio"/> Pregnancy associated listeriosis	
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName _____	
Notifier Identification	
Reporting source* ReportSrc <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 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> GeoCode _____	
Phone (home) PhoneHome _____ Phone (work) PhoneWork _____ Phone (other) PhoneOther _____	
Case Demography	
Location TA* TA _____ DHB* DHB _____	
Date of birth* DateOfBirth _____ OR Age Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* Occupation _____	
Occupation location PlaceOfWork1Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school Name PlaceOfWork1 _____	
Address Number _____ Street _____ Suburb _____ PlaceOfWork1Address Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Alternative location PlaceOfWork2Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school Name _____	
Address Number _____ Street _____ Suburb _____ PlaceOfWork2Address Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____	
Ethnic group case belongs to* (tick all that apply)	
<input type="checkbox"/> NZ European EthNZEuropean <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoan <input type="checkbox"/> Cook Island Maori EthCookIslandMaori <input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan <input type="checkbox"/> Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 _____ EthSpecify2 _____	

DiseaseName _____

EpiSurv No. **EpiSurvNumber** _____

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* FitClinDes Yes No Unknown

Clinical Features*

Pregnancy associated case*

Illness in mother **IIIMother** Yes No Unknown
Preterm labour **Labour** Yes No Unknown
Illness in infant **IIIInfant** Yes No Unknown
Intrauterine death **Death** Yes No Unknown

Not pregnancy associated case*

Meningitis **Meningitis** Yes No Unknown
Septicaemia **Septicaemia** Yes No Unknown
Other (specify) **OthSymSpec** _____

LABORATORY CRITERIA

Isolation of *Listeria monocytogenes* from a normally sterile site* Yes No Not Done Awaiting Results

Isolation

If yes, specify site:*

Mother MothrSite blood culture
 high vaginal swab

Foetus/neonate FoetSite blood culture
 CSF
 body swabs
 placental tissue, foetal tissue

Other (specify)*
FoetSitOther _____

Not pregnancy associated case NonPSite blood culture
 CSF
Other (specify)*
NonPSitOther _____

STATUS* Status Under investigation Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Serotype (specify) **Sereotype** _____

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

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

PREGNANCY ASSOCIATED CASES

Pregnancy details

Due date* **DueDate** _____

Unknown **DueDateUnknown**

Date of delivery* **DelivDate** _____

Unknown **DelivDateUnknown**

Gestation at date of delivery* **GestationWk** _____ weeks

Foetus/infant died* **InfanDied**

Yes No Unknown

Date died* **InfDthDate** _____

Unknown **InfDthDateUnknown**

If foetus/infant died from disease other than listeriosis, specify* **InfDthSpec** _____

NOT PREGNANCY ASSOCIATED CASES

Underlying illness* **UndIllness**

Yes No Unknown

If yes, specify* **UndIllSpec** _____

Receiving immunosuppressive drugs* **ImmunoDrugs**

Yes No Unknown

If yes, specify* **ImmunoDSpec** _____

Admitted to hospital for treatment of another illness (other than listeriosis)* **HospTrtment**

Yes No Unknown

If yes, specify* **HospTrtSpec** _____

ALL CASES

Was case overseas during incubation period (range = 3-70 days) for listeriosis? **Overseas**

Yes No Unknown

Other risk factors for listeriosis, specify* **RiskOthSpecify**

Source

Was a source *confirmed* by*

a) Epidemiological evidence* **SceConfEpi**

Yes No Unknown

e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with a known case

b) Laboratory evidence* **SceConfLab**

Yes No Unknown

e.g. organism or toxin of same type identified if food or drink consumed by case

Specify confirmed source(s)*

From consumption of contaminated food or drink, specify food or drink **ConfFD**

_____ **ConfFDName** _____ **ConfFDSpec**

From contact with infected animal, specify type of animal **ConfInfAnim** _____ **ConfInfAnimSpec**

Person to person contact with another case, specify case **ConfPPSpec** _____ **ConfPPSpec**

From other confirmed source, specify source **ConfOtherSce**

_____ **ConfOtherSceSpec**

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Source continued

If not, was a *probable* source identified?* **SceProb** Yes No Unknown

Specify *probable* source(s)*

From consumption of contaminated food or drink, specify food or drink **ProbFD**

_____ **ProbFDName** _____ **ProbFDSpec**

From contact with infected animal, specify type of animal **ProbInfAnim** _____ **ProbInfAnimSpec**

Person to person contact with another case, specify relationship **ProbPP** **ProbPPSpec**

From other probable source, specify source **ProbOtherSce**

_____ **ProbOtherSceSpec**

Management

CASE MANAGEMENT Excluded

Case excluded from work or school / pre-school / childcare until well? Yes No NA Unknown

Comments*

Comments