

# CASE REPORT FORM

# VTEC/STEC Infection

VTEC/STEC infection _____	EpiSurv No. <span style="color: red;">EpiSurvNumber</span> _____
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## Reporting Authority

Name of Public Health Officer responsible for case OfficerName \_\_\_\_\_

## Notifier Identification (i)

**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 \_\_\_\_\_

GPAAddress Town/City \_\_\_\_\_ Post Code \_\_\_\_\_  GeoCode \_\_\_\_\_

## Case Identification (i)

**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) (i)

NZ European EthNZEuroean       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 \_\_\_\_\_

**Basis of Diagnosis****CLINICAL CRITERIA**

**Fits clinical description\*** FitClinDes  Yes  No  Unknown

**Clinical features\***

Diarrhoea Diarrhoea  Yes  No  Unknown

Haemorrhagic colitis (bloody diarrhoea) HColitis  Yes  No  Unknown

Haemolytic uraemic syndrome (HUS) HUS  Yes  No  Unknown

Thrombotic thrombocytopenic purpura (TTP) TTP  Yes  No  Unknown

**LABORATORY CRITERIA**

**Meets laboratory criteria\*** LabConf  Yes  No  Unknown

**Isolation of Shiga toxin producing *E. coli* from a clinical specimen\*** Isolation  Yes  No  Not Done  Awaiting Results

**Detection of the genes associated with the production of Shiga toxin in *E. coli* (PCR)\*** PCRGenes  Yes  No  Not Done  Awaiting Results

**CLASSIFICATION\*** Status  Under investigation  Probable  Confirmed  Not a case (i)

**ADDITIONAL LABORATORY DETAILS**

**Organism serotype\*** AddLab \_\_\_\_\_

ESR Updated  Laboratory \_\_\_\_\_

AutoUpdated Laboratory \_\_\_\_\_

Date result updated SampleDate   Sample Number SampleNumber \_\_\_\_\_

**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 \_\_\_\_\_

**Risk Factors****FOOD**

**Did the case consume any of the following items during the week before becoming ill?\***

Food item				If yes specify type, and	specify brand, and	where obtained (e.g. supermarket, Restaurant, friend's house, etc.)
Raw (unpasteurised) milk or products made from raw milk <u>RwMik</u>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>RWMLKSpec</u>	<u>RWMLKBrand</u>	<u>RWMLKSource</u>

**Risk Factors continued**

Food item				Type	Brand	Where obtained
Dairy products (e.g. cheese, yoghurt) <b>Dairy</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // DairySpec	<u>      </u> // DairyBrand	<u>      </u> // DairySource
Beef or beef products (e.g. mince, hamburger) <b>Beef</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // BeefSpec	<u>      </u> // BeefBrand	<u>      </u> // BeefSource
Lamb or hogget or mutton <b>Lamb</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // LambSpec	<u>      </u> // LambBrand	<u>      </u> // LambSource
Chicken or poultry <b>Poult</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // PoultSpec	<u>      </u> // PoultBrand	<u>      </u> // PoultSource
Processed meats (e.g. luncheon, salami, ham) <b>ProcMeat</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // ProcSpec	<u>      </u> // ProcBrand	<u>      </u> // ProcSource
Home kill meat <b>Killed</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // KilledSpec	<u>      </u> // KilledBrand	<u>      </u> // KilledSource
Any pink or undercooked meat <b>Pink</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // PinkSpec	<u>      </u> // PinkBrand	<u>      </u> // PinkSource
Raw fruit / vegetables <b>Fruit</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // FruitSpec	<u>      </u> // FruitBrand	<u>      </u> // FruitSource
Fruit / vegetable juice <b>Juice</b>	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> U	<u>      </u> // JuiceSpec	<u>      </u> // JuiceBrand	<u>      </u> // JuiceSource

**WATER****Water supply code or nature of water supply (e.g. bore, roof, spring)\***

Current address\* water supply code **CurrWCode**        or specify **CurrWSpec**       

Work / school / pre-school\* water supply code **WorkWCode**        or specify **WorkWSpec**       

Non-habitual water supply within the last week\* **NonHabWS**  Yes  No  Unknown

If yes, specify\* **NonHabSpec**       

**Recreational contact with water during week before becoming ill\* **RecContWtr**** Yes  No  Unknown**If yes, nature of contact\***

- Swimming in public swimming pool\*, name of pool(s)\* **PublicPool**        **PubPoolSpec**
- Swimming in other pool\*, location of pool(s)\* **OtherPool**        **OthPoolSpec**
- Use of spa pool\*, \*location of spa pool(s)\* **SpaPool**        **SpaPoolSpec**
- Swimming in stream or river (including canoeing)\* **River** Name of river/stream(s)\*        **RiverSpec**
- Other recreational contact with water\*, specify\* **OthRecCont**        **OthRecSpec**

**ANIMAL CONTACT****Did the case have contact with animals in the week before becoming ill?\* **ContAnim**** Yes  No  Unknown**If yes, nature of contact\***

- Household pets\* **Pets**  Yes  No  Unknown Specify\*        **PetsSpec**
- Farm animals\* **Farm**  Yes  No  Unknown Specify\*        **FarmSpec**
- Other animals\* **OthAnim**  Yes  No  Unknown Specify\*        **OthAnimSpec**
- Animal manure\* **Manure**  Yes  No  Unknown Specify\*        **ManureSpec**

**HUMAN CONTACT****In the week before becoming ill, did the case:****Attend school, pre-school or childcare\* **AttenSch****  Yes  No  Unknown**Attend any social functions\* **AttenFunc****  Yes  No  UnknownIf yes, give detail\* **FuncSpec**       **Have contact with children in nappies\* **Nappies****  Yes  No  Unknown

**Risk Factors continued**Have contact with a person with similar symptoms\*  Yes  No  UnknownIf yes, specify nature of contact\* Date of onset of illness in other case\* or  Unknown **OVERSEAS TRAVEL**Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?\*  Yes  No  UnknownIf yes, date arrived in New Zealand\* 

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

	Country/Region	Date Entered	Date Departed
Last:* <input type="text" value="LastCountry"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="LastDtEnter"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="LastDtDepart"/>
Second Last:* <input type="text" value="SecCountry"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="SecDtEnter"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="SecDtDepart"/>
Third Last:* <input type="text" value="ThirdCountry"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="ThirdDtEnter"/>	<input type="text" value="dd/mm/yyyy"/> <input type="text" value="ThirdDtDepart"/>

Did the case travel within New Zealand during the week before becoming ill?\*  Yes  No  UnknownSpecify where in New Zealand the case travelled\* **OTHER**Did the case have any contact with sewage during the week before becoming ill?\*  Yes  No  UnknownDid the case handle raw meat or offal (including raw meat or offal given to pets) during the week before becoming ill?\*  Yes  No  UnknownOther risk factors for VTEC/STEC infection (specify)\* **Management****CASE MANAGEMENT**Case excluded from work or school, pre-school or childcare until well\*  Yes  No  NA  UnknownIf the case works as food handler, or is employed to care for patients, elderly, or children aged <5 years, was the case excluded from work until microbiological clearance achieved?\*  Yes  No  NA  UnknownNumber of contacts screened for infection as per local protocols\* Number of screened contacts that are identified with VTEC/STEC disease\* **Comments\***