

CASE REPORT FORM

Tuberculosis

Tuberculosis		EpiSurv No. EpiSurvNumber	
Disease Name DiseaseName			
<input type="radio"/> Tuberculosis disease - new case		<input type="radio"/> Tuberculosis disease - relapse or reactivation	
<input type="radio"/> Latent tuberculosis infection (patient consent required)		<input type="radio"/> Tuberculosis infection - old disease on preventive treatment (fully investigated and active disease excluded)	
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/Practice address		GP phone GPPhone	
Number	houzenumber	Street	streetname
		Suburb	suburb
Town/City	towncity	Post Code	postco... <input type="checkbox"/> GeoCode geocode addressmatchaccuracy
Case Identification			
Name of case* Surname Surname		Given Name(s) GivenName	
NHI number* NHINumber		Email Email	
Current address* Number houzenum...		Suburb suburb	
Street streetname		Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Town/City towncity			
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 occupation_place_type		<input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name occupation_place_name			
Address Number houzenumb...		Suburb suburb	
Street streetname		Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Town/City towncity			
Alternative location occupation_place_type		<input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name occupation_place_name			
Address Number houzenumber		Suburb suburb	
Street streetname		Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy	
Town/City towncity			
Ethnic group case belongs to* (tick all that apply)			
<input type="checkbox"/> NZ European EthNZEuroean		<input type="checkbox"/> Maori EthMaori	
<input type="checkbox"/> Niuean EthNiuean		<input type="checkbox"/> Samoan EthSamoan	
<input type="checkbox"/> Chinese EthChinese		<input type="checkbox"/> Cook Island Maori EthCookIslandMaori	
<input type="checkbox"/> Indian EthIndian		<input type="checkbox"/> Tongan EthTongan	
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther		EthSpecify1 EthSpecify2	

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Basis of Diagnosis (continued)		
Extrapulmonary* Extrapulm <input type="radio"/> Yes <input type="radio"/> No		
If yes, tick all that apply*		
<input type="checkbox"/> Lymph node (excl abdomen) LymphNode	<input type="checkbox"/> Pleural Pleural	<input type="checkbox"/> MiliaryTB MiliaryTB
<input type="checkbox"/> Bone/joint BoneJoint	<input type="checkbox"/> Intraabdominal (excl renal) Intraabdominal	<input type="checkbox"/> Renal/genitourinary tract RenalUrinaryTract
<input type="checkbox"/> Soft tissue/skin SoftTissueSkin	<input type="checkbox"/> CNS TB (including meningitis) CNSTB	
<input type="checkbox"/> Other site, specify OtherExtraPulmonarySite <u>OtherExtraPulmonarySiteSpecify</u>		
How was case/infection discovered?* HowDisc		
<input type="radio"/> Contact follow-up	<input type="radio"/> Immigrant/refugee screening	<input type="radio"/> Attended practitioner with symptoms
<input type="radio"/> Other (specify)	HowDiscSpec _____	<input type="radio"/> Unknown
ADDITIONAL LABORATORY DETAILS (CULTURE POSITIVE CASES ONLY and ESR UPDATED)		
Mycobacterial species OrganIsol <input type="radio"/> <i>Mycobacterium tuberculosis</i> <input type="radio"/> <i>M. bovis</i>		
<input type="radio"/> Other (*specify) OrganIsolSpec _____		
Susceptibility testing results		
Isoniazid (0.1 mg/L) IsoniazidLow	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Isoniazid (0.4 mg/L) IsoniazidHigh	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Rifampicin Rifampicin	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Ethambutol Ethambutol	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Pyrazinamide Pyrazinamide	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Streptomycin Streptomycin	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
<i>Other antibiotics (specify)</i>		
Antibiotic1 _____ AntibioticSus1	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic2 _____ AntibioticSus2	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic3 _____ AntibioticSus3	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic4 _____ AntibioticSus4	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic5 _____ AntibioticSus5	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic6 _____ AntibioticSus6	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Antibiotic7 _____ AntibioticSus7	<input type="radio"/> Susceptible	<input type="radio"/> Resistant
Specimen details		
Date specimen taken SusDateSpecimenTaken _____	Specimen number SusSpecimenNumber _____	
Updated <input type="checkbox"/> SusAutoUpdated	<input type="checkbox"/> Reference laboratory SusReferenceLaboratory _____	Date results updated SusDateUpdated _____
Molecular Typing		
MIRU MIRU _____	RFLP RFLP _____	ClusterID ClusterID _____
Updated <input type="checkbox"/> TypingAutoUpdated	<input type="checkbox"/> Date Results Updated TypingDateUpdated _____	Specimen Number TypingSpecimenNumber _____
Clinical Course and Outcome		
Date of onset* OnsetDt _____		
<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown		
<input type="checkbox"/> Asymptomatic Asymptomatic		
Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Date hospitalised* HospDt _____ <input type="checkbox"/> Unknown HospDtUnknown		
Hospital* HospName _____		

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Clinical Course and Outcome continued			
Died* Died	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date died* DiedDt	<input type="checkbox"/> Unknown DiedDtUnknown		
Was this disease the primary cause of death?* DiedPrimary	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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)?*			
<input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No* OutbrkNo			
Risk Factors			
Has HIV test been performed* HIVTest	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)* ImmunoIll	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify	ImmunoIllSpecify		
Immunosuppressive medication* ImmunoMed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Contact with a confirmed case of tuberculosis* ContCase	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify nature of contact*	ContSpec		
If yes, did contact occur within New Zealand* ContNZ	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify name of case* ContNZName	ContNZName		
Born outside New Zealand* BornOutNZ	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify country of birth*	BrtCountry		
If yes, date of arrival in NZ* ArrivDt	<input type="checkbox"/> Unknown ArrivDtUnknown		
Current or recent residence in a household with a person(s) born outside New Zealand* CurrResid	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify country of birth*	OthCountry		
Exposure in health care setting* ExpHlth	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify exposure*	ExpHlthSpec		
Current or recent residence in an institution (e.g. prison)* Instate	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify details*	InstateSpec		
Exposure to cattle, deer, possums, other wild animals or animal products in work or recreation (<i>M. bovis</i> infection only)* ExpCattle	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
*If yes, specify exposure in detail	CattleSpec		
Other risk factors for tuberculosis* (specify*) RiskOthSpecify			

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Protective Factors	
At any time prior to onset, had the case been immunised with BCG vaccine?* BCGVacc <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify date given* BCGDate _____ <input type="checkbox"/> Unknown BCGDateUnknown	
If yes, how was this confirmed* BCGConf <input type="radio"/> Scar <input type="radio"/> Patient/Caregiver recall <input type="radio"/> Documented <input type="radio"/> Unknown	
Management	
CASE MANAGEMENT	
Under specialist care* SpecIstCare <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Name of specialist* SpecIstName _____	
Did the case receive treatment?* ReceivedTreatment <input type="radio"/> Yes <input type="radio"/> Treatment declined <input type="radio"/> Treatment inappropriate <input type="radio"/> Unknown	
If yes	
Date treatment started* StDateTmt _____ <input type="checkbox"/> Unknown StDateTmtUnknown	
Date treatment ended in NZ* EndDateNZTmt _____ <input type="checkbox"/> Unknown EndDateNZTmtUnknown	
Was treatment interrupted?* TmtInterrupted <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Reason treatment ended* ReasonTmtEnded	
<input type="radio"/> Tmt completed to the satisfaction of the prescribing doctor <input type="radio"/> Transferred to overseas medical care	
<input type="radio"/> Went overseas (medical care not transferred or unknown) <input type="radio"/> Died	
<input type="radio"/> Refused to complete treatment <input type="radio"/> Stopped treatment because of adverse effects	
<input type="radio"/> Stopped due to pregnancy <input type="radio"/> Lost to follow up	
<input type="radio"/> Discontinuation of interim treatment for LTBI (child <5 years) <input type="radio"/> Reason unknown	
Did case receive DOT throughout the intensive phase of treatment?* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
DOTThrOutIntensive	
Did case receive DOT throughout the course of treatment?* DOTThrOut <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
CONTACT MANAGEMENT (disease only)	
Did case have any contacts at risk of infection?* RiskInfect <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<i>If yes, type of contact:</i>	
<i>Number Identified</i>	
Close contacts* CloseCont _____	
Casual contacts* CasualCont _____	
Comments*	
Comments	