CASE		'	4
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Coronavirus Disease

EpiSurv No	/,
LDISULV NO.	

Reporting	Author	ity							
Name of Pub	lic Health	n Officer responsi	ble for case						
Notifier Id	entifica	ntion							(i)
Reporting so	urce*	○ General	Practitioner		O Hospital-based Pra	octitioner	O Laborator	у	
		○ Self-not	ification		Outbreak Investiga	ation	Other		
Name of repo	orting sou	urce			Organ	nisation			
Date reporte	d*	dd/mm/yyyy	#			Contact	ohone		
Usual GP				Practice			GP phone		
GP/Practice	address	Number		Street		Sul	ourb		
		Town/City				Po:	st Code	GeoCode	
Case Iden	tificatio	n							(i)
Name of case	e*	Surname			Given Nar	me(s)			
NHI number [,]	* 		Email						
Current addr	ess*	Number		Street		Su	burb		
		Town/City				Po	st Code	GeoCode	
Phone (home	e) _			Phone (work)		Phone	(other)		
Case Demo	ography	/							
Location	TA*					DHB*			
Date of birth	*	dd/mm/yyyy	#	OR	Age	O Days	O Months	Years	
Sex*		O Male	○ Fema	ile C	Indeterminate	OUnknown			
Occupation*	_								
Occupation le	ocation	O Place of	Work	○ School	O Pre-school				
Name									
Address	Number		Street			Su	ıburb		
	Town/City					Po	ost Code	GeoCode	
Alternative lo	ocation	O Place of	Work	○ School	O Pre-school				
Name									
Address	Number		Street			Su	burb		
	Town/City					Po	st Code	GeoCode	
		ongs to* (tick all ti	hat apply)						①
☐ NZ Europea	ın	☐ Maori		Samo		Cook Island Ma	ori		
Niuean		Chines		☐ India	ın	☐ Tongan			
U Other (such	as Dutch,	, Japanese, Tokelau	an)	*(specify	/)				

Rasis of Diagnosis CLINICAL CRITERIA Tife clinical description* At the time of diagnosis, was the case asymptomatic?* If the case did not have symptoms when diagnosed, did they later develop any yeapsomes?* If yes, onset date for when the case later developed symptoms* List all symptoms (isk all that apply)* History of fever/chills General weskness Shortness of breath Bushourder pain Cough Bushourder pain Cough Cough Diarrhoea Sever throat Naussea/worlling Altered taste Cough Altered taste Cough Altered taste Cinical signs (tick all that apply) Laboratory confirmation of disease If yes, date of laboratory confirmation method (tick all that apply) Execution of Shock-Co-2 from clinical specimen by NAMT (PCR) If yes, perfy laboratory confirmation method (tick all that apply) Second of value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results If yes, first Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date diamn/yyyy method diamn/yyy method diam							Epi	iSurv No	//	
Ret clinical description* At the time of diagnosis, was the case asymptomatic?* If the case did not have symptoms when diagnosed, did they later develop any symptoms?* If yes, onset date for when the case later developed symptoms* If yes, onset date for when the case later developed symptoms* Headache	Basis of Diagnosis									
At the time of diagnosis, was the case asymptomatic?* If the case did not have symptoms when diagnosed, did they later develop any symptoms?* If yes, onset date for when the case later developed symptoms* List all symptoms (tick all that apply)* Is less ymptoms (tick all that apply)* Is less ymptoms (tick all that apply)* Is less ymptoms, specify* Clinical signs (tick all that apply) Altered taste Ocuph Other signs, specify Clinical signs (tick all that apply) Altered taste Other signs, specify Clinical signs (tick all that apply) Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) If yes, dead of laboratory confirmation method (tick all that apply) Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Awaiting Results Date dd/mm/yyyy Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyyy Again Approximate Unknown Hospitalised* Other positive set (specify) Unknown Unknown Date dd/mm/yyyy Unknown Unknown Unknown Unknown	CLINICAL CRITERIA								①	
If the case did not have symptoms when diagnosed, did they later develop any symptoms?" If yes, osset date for when the case later developed symptoms* History of fever/chills Runny nose Headache Muscular pain	Fits clinical description*				○ Yes	\bigcirc No		Ounknown		
Symptoms?* List all symptoms (tick all that apply)* Headsche	At the time of diagnosis, was	s the case asymptoma	tic?*		○ Yes	\bigcirc No		Ounknown		
List all symptoms (tick all that apply)* History of feer/chills		toms when diagnosed, di	d they later	develop any	○ Yes	○ No		Unknown		
History of fever/chills	If yes, onset date for when	the case later developed	symptoms*	:		dd/mm/	уууу 🏥			
General weakness Shortness of breath Irritability/confusion Chest pain Abdominal pa	List all symptoms (tick all that	apply)*								
Cough Diarrhoea Loss of sense of sense Abdominal pain Abdominal pain Abtered taste Joint pa	History of fever/chills	Runny	/ nose		Headach	ne		Muscular pain		
Sore throat Nausea/vomiting Altered taste Joint pain Other symptoms, specify*	General weakness	Short	ness of brea	th	Irritability/confusion			Chest pain		
Clinical signs (tick all that apply) Abnormal lung x-ray findings Other signs, specify Clinical signs (tick all that apply)	Cough	Diarrh	noea		Loss of s	sense of smell		Abdominal pain		
Clinical signs (tick all that apply) Abnormal lung x-ray findings	Sore throat	Nause	ea/vomiting		Altered t	taste		Joint pain		
Abhormal lung x-ray findings	Other symptoms, specify	<u> </u>								
Laboratory CRITERIA Laboratory confirmation of disease If yes, date of laboratory confirmation If yes, specify laboratory confirmation method (tick all that apply) Detection of SARS-Co-V2 from clinical specimen by NAAT (PCR) If yes, first Ct value or strength of PCR (eg weak or strong) Second Ct value or strength of PCR Third Ct value or strength of PCR Rapid antigen test	Clinical signs (tick all that ap	oply)								
Laboratory confirmation of disease If yes, date of laboratory confirmation If yes, specify laboratory confirmation method (tick all that apply) Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) If yes, first Ct value or strength of PCR (eg weak or strong) Second Ct value or strength of PCR Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Add/mm/yyyy	Abnormal lung x-ray findi	ngs Othe	r signs, spe	cify						
If yes, date of laboratory confirmation	LABORATORY CRITERIA								(i)	
If yes, specify laboratory confirmation method (tick all that apply) Detection of SARS-CoV-2 from clinical specimen by NAAT (PCR) If yes, first Ct value or strength of PCR (eg weak or strong) Second Ct value or strength of PCR Third Ct value or strength of PCR Rapid antigen test	Laboratory confirmation of o	lisease		○ Yes	○ No	O Not Done	O Awai	ting Results		
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If yes, first Ct value or strength of PCR (eg weak or strong) Second Ct value or strength of PCR Third Ct value or strength of PCR Rapid antigen test Yes No Not Done Awaiting Results Date dd/mm/yyy Other positive test (specify) EPIDEMIOLOGICAL CRITERIA Did the case have close contact with a confirmed case?* CLASSIFICATION* Under investigation Suspect Probable Clinical Course and Outcome Date odd/mm/yyyy Approximate Hospitalised* Yes No Unknown Approximate Unknown Hospitalised* Yes No Unknown Approximate Unknown Hospitalised* Yes No Unknown Unknown Unknown Hospitalised* Yes No Unknown Unknown Unknown Unknown Hospitalised* Yes No Unknown	If yes, specify laboratory confir	mation method (tick all t	hat apply)							
Second Ct value or strength of PCR Third Ct value or strength of PCR Rapid antigen test	Detection of SARS-CoV-2 from	n clinical specimen by NA	AT (PCR)		Yes	No N	lot Done	Awaiting Results		
Third Ct value or strength of PCR Rapid antigen test	If yes, first Ct value or stre	ength of PCR (eg weak or	strong)				Date	dd/mm/yyyy 🛗		
Rapid antigen test	Second Ct value or	r strength of PCR					Date	dd/mm/yyyy 🛗		
Second rapid antigen test	Third Ct value or s	strength of PCR					Date	dd/mm/yyyy ∰		
Other positive test (specify) EPIDEMIOLOGICAL CRITERIA Did the case have close contact with a confirmed case?* If contact was in New Zealand, EpiSurv number of confirmed case* CLASSIFICATION* Under investigation Suspect Probable Confirmed Not a case Clinical Course and Outcome Date of onset* dd/mm/yyyy Approximate Unknown Hospitalised* Yes No Unknown Date hospitalised* dd/mm/yyyy Unknown Date died* Yes No Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Rapid antigen test	○ Yes	\bigcirc No	O Not Done	O Awaitin	g Results	Date	dd/mm/yyyy ∰		
EPIDEMIOLOGICAL CRITERIA Did the case have close contact with a confirmed case?* If contact was in New Zealand, EpiSurv number of confirmed case* CLASSIFICATION* Under investigation Suspect Probable Confirmed Not a case Clinical Course and Outcome Date of onset* Hospitalised* Yes No Unknown Unknown Hospitalised* dd/mm/yyyy Unknown Date died* Yes No Unknown	Second rapid antigen test	○ Yes	\bigcirc No	O Not Done	O Awaitin	g Results	Date	dd/mm/yyyy ∰		
Did the case have close contact with a confirmed case?* If contact was in New Zealand, EpiSurv number of confirmed case* CLASSIFICATION* Under investigation Suspect Probable Confirmed Not a case Clinical Course and Outcome Date of onset* Hospitalised* Yes No Unknown Date hospitalised* Hospitalised* Yes No Unknown Unknown Unknown Unknown Unknown Unknown Unknown Was this disease the primary cause of death?* Yes No Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Other positive test (specify)									
If contact was in New Zealand, EpiSurv number of confirmed case* CLASSIFICATION* Under investigation Suspect Probable Confirmed Not a case Clinical Course and Outcome Date of onset* dd/mm/yyyy Approximate Unknown Hospitalised* Yes No Unknown Hospitalised* Died* Yes No Unknown Date died* Was this disease the primary cause of death?* Yes No Unknown Unknown Unknown Unknown Unknown	EPIDEMIOLOGICAL CRITERI	:A								
Clinical Course and Outcome Date of onset* dd/mm/yyyy Approximate Unknown Hospitalised* Yes No Unknown Date hospitalised* dd/mm/yyyy Unknown Hospital* Yes No Unknown Date died* Yes No Unknown Date died* Yes No Unknown Date died* Unknown Unknown Unknown Unknown	Did the case have close cont		○ Yes	\bigcirc No	OUnknown					
Clinical Course and Outcome Date of onset*	If contact was in New Zealand, EpiSurv number of confirmed case*									
Date of onset* dd/mm/yyyy	CLASSIFICATION*	O Under investiga	ation	○ Suspec	t O Proba	able O C	onfirmed	O Not a case	1	
Hospitalised* Pate hospitalised* Hospital* Died* Date died* Yes	Clinical Course and Outcome									
Date hospitalised* Hospital* Died* Date died* Was this disease the primary cause of death?* Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Date of onset*	dd/mm/yyyy ∰		Approximation	ate	Unknown				
Hospital* Died* O Yes O No O Unknown Date died* Unknown Was this disease the primary cause of death?* Yes No O Unknown Unknown	Hospitalised*	○ Yes ○	No	OUnknown						
Died* O Yes O No O Unknown Date died* Unknown Was this disease the primary cause of death?* Yes No O Unknown Unknown	Date hospitalised*	dd/mm/yyyy ∰		Unknown						
Date died* dd/mm/yyyy	Hospital*									
Was this disease the primary cause of death?* Yes No Unknown	Died*	○ Yes		0	No		OUnkno	own		
	Date died*	dd/mm/yyyy	#		Unknown					
	-	-		Yes	O No		O Unkno	own		

This section is to be completed as soon as outcome is known or 30 days after notification Was the case in ICU?* Ventilation required * Verso					
Was the case in ICU?* Ventilation required* Ventilation required Yes					
Ventilation required* Yes No	(i)				
Extracorporeal membrane oxygenation required (ECMO)* If case was hospitalised, date discharged from hospital* Was severity of COVID-19 illness the primary reason for hospitalisation?* 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)?* Name of sub-cluster that the case is part of (as agreed with the Ministry of Health)* Risk Factors Is the case a health care worker (any job in a health care setting)? Residential care (e.g. aged, disability or other institutional community care) Hostel-style accommodation (e.g. transitional facility, student hall, backpackers) Corrections facility Was severity of COVID-19 illness the primary reason for hospitalisation?* Yes No Unknown Unknown Unknown Yes No Unknown Unknown Unknown Outhout care) Yes No Unknown Unknown Outhout care Outhout					
If case was hospitalised, date discharged from hospital* Was severity of COVID-19 illness the primary reason for hospitalisation?* 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					
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Residential care (e.g. aged, disability or other institutional community care) Hostel-style accommodation (e.g. transitional facility, student hall, backpackers) Corrections facility Was the case overseas in the 10 days prior to onset (or prior to reporting if asymptomatic)? If yes, date arrived in New Zealand Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases Sequence Country City/Region Date Entered Date Departed dd/mm/yyyy					
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Corrections facility Was the case overseas in the 10 days prior to onset (or prior to reporting if asymptomatic)? If yes, date arrived in New Zealand Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases Sequence Country City/Region Date Entered dd/mm/yyyy dd/mm/yyyy					
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If yes, date arrived in New Zealand Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases Sequence Country City/Region Date Entered Date Departed Last:* Last:* Date Departed dd/mm/yyyy dd/mm/y					
Specify countries and cities visited (from most to least recent) for cases with recent travel and historic cases Sequence Country City/Region Date Entered Date Departed Last:*					
Sequence Country City/Region Date Entered Date Departed Last:* Date Departed dd/mm/yyyy					
Last:* dd/mm/yyyy 🛗 dd/mm/yyyy 🛗					
Second Last:* dd/mm/yyyy 🛍 dd/mm/yyyy 🛍					
Third Last:* dd/mm/yyyy 🛗 dd/mm/yyyy 🛗					
Underlying conditions (tick all that apply)*					
☐ Pregnancy If yes, trimester ☐ Post-partum (< 6 weeks)					
☐ Cardiovascular disease, including hypertension ☐ Immunodeficiency, including HIV					
☐ Diabetes ☐ Renal failure					
☐ Liver disease ☐ Chronic lung disease					
☐ Chronic neurological or neuromuscular disease ☐ Malignancy					
☐ Other underlying condition, specify*					
Other risk factors for disease					

					EpiSurv N	0//
Protective factors						
Prior to onset (or prior to appropriate vaccine?	o reporting if asym	iptomatic), had the cas	se been immunised with	○ Yes ○ No	O NA	Ounknown
If yes, specify vaccine deta	ails					
How many doses did the c	ase receive prior to o	onset?				
	Date given	Date unknown	Name of vac	ccine	Batch	number
First dose	dd/mm/yyyy 🛗					
Second dose	dd/mm/yyyy 🛗				_	
Booster (3rd) dose	dd/mm/yyyy ⊞					
If yes, how was vaccination	n status confirmed	Patient	t/Caregiver recall	Oocumented	○ NA	Unknown
Where was the case vaccir	nated?	New Zealand	Other country (specify)			
Did the case receive anti	ivirals?			○ Yes	○ No	Ounknown
If yes, specify antivirals re	eceived					
Comments*						

Version 14 July 2022

* core surveillance data, \sim optional data