## **VTEC/STEC Infection**

**CASE REPORT FORM** 

niSurv	Nο	

<b></b>	A 1.1	••							
Reporting		i <b>ty</b> i Officer responsil	blo for case						
			ble for case						
Notifier Id	lentifica				-		-		<b>①</b>
Reporting so	urce*	○ General	Practitioner		O Hospital-based F	Practitioner	O Laborato	ory	
		○ Self-noti	fication		Outbreak Invest	igation	Other		
Name of repo	orting sou	ırce			Org	anisation			
Date reporte	d*	dd/mm/yyyy	<b>#</b>			Conta	ct phone		
Usual GP				Practice			GP phone		
GP/Practice	address	Number		Street			Suburb		
		Town/City					Post Code	GeoCode	
Case Iden	tificatio	n							<b>(i)</b>
Name of case	e*	Surname			Given	Name(s)			
NHI number	*		Email						
Current addr	ess*	Number		Street			Suburb		
		Town/City					Post Code	□GeoCode	
Phone (home	e) _			Phone (work)		Ph	one (other)		
Case Dem	ography	/							
Location	TA*					DHB*			
Date of birth	*	dd/mm/yyyy	<b>#</b>	OR	Age	ODays	O Months	○ Years	
Sex*		○ Male	○ Fema	ale	O Indeterminate	O Unkn	own		
Occupation*	_								
Occupation l	ocation	O Place of	Work	O School	O Pre-school				
Name									
Address	Number		Street				Suburb		
	Town/City						Post Code	GeoCode	
Alternative lo	ocation	O Place of	Work	O School	O Pre-school				
Name									
Address	Number		Street				Suburb		
	Town/City						Post Code	GeoCode	
Ethnic group	case belo	ongs to* (tick all th	nat apply)						<b>(i)</b>
☐ NZ Europea	n	☐ Maori		☐ Sa	moan	Cook Island	Maori		
Niuean		☐ Chinese	е	□In	dian	☐ Tongan			
$\square$ Other (such	as Dutch,	, Japanese, Tokelau	an)	*(spe	cify)				

							EpiS	Surv No	
Basis of Diagnosis									
CLINICAL CRITERIA									
Fits clinical description*					$\bigcirc$ Yes	(	○ No	Ounknown	
Clinical features*									
Diarrhoea					$\bigcirc$ Yes	(	○ No	Ounknown	
Haemorrhagic colitis (bloody diarrhoea)					○ Yes	(	○ No	OUnknown	
Haemolytic uraemic syndrome (HUS)					○ Yes	(	○ No	OUnknown	
Thrombotic thrombocytopaenic purpura (TT	P)				○ Yes	(	○ No	OUnknown	
LABORATORY CRITERIA									
Meets laboratory criteria*					○Yes	$\bigcirc$ No	O Unknown	1	
Isolation of Shiga toxin producing <i>E. c</i> o	<i>oli</i> from a o	clinical s	specimer	n*	○ Yes	$\bigcirc$ No	O Not Done	e O Awaiting	Results
Detection of the genes associated with coli (PCR)*	the produ	iction of	f Shiga to	oxin in <i>E.</i>	○ Yes	$\bigcirc$ No	O Not Done	e O Awaiting	Results
CLASSIFICATION* Ounc	ler investiga	tion		Probable		O Confirmed	<b>d</b> (	Not a case	<b>①</b>
ADDITIONAL LABORATORY DETAILS Organism serotype*	_								
ESR Updated Laboratory									
Date result updated	dd,	/mm/yyy	/y <b>=</b>		Sam	nple Number			
Clinical Course and Outcome									
Date of onset*	dd/mm/yyy	у 🛗			☐ Approx	imate		Unknown	
	Yes dd/mm/yyy	у 🛗			O No Unknov	vn	0	Unknown	
Died*	Yes				○ No		0	Unknown	
Date died*	dd/mm/yyy	У	<b>#</b>		Unknow	vn			
Was this disease the primary cause of If no, specify the primary cause				Yes		○ No	(	Unknown	
Outbreak Details									
Is this case part of an outbreak (i.e. kn	own to be			r more oth pecify Out			ease)?*		
Risk Factors									
FOOD									
Did the case consume any of the follow	ving items	during	the weel	k before b	ecoming i	II?*			
Food item				If yes spo	ecify type,	and	specify brand, an	where obtain supermarket, friend's hous	restaurant,
Raw (unpasteurised) milk or products made from raw milk	( O Y	N	Ου			//		//	· /

Risk Factors continued							1	No//
Food item	1			T	/pe	Brand		Where obtained
Dairy products (e.g. cheese, yoghurt)	ΟY	O N	Ου	• '	, <b>P</b> C	- Jiana		Where obtained
leef or beef products (e.g. mince, amburger)	ΟY	O N	Οu			//		<u>//</u>
amb or hogget or mutton	ΟY	O N	Ου					
hicken or poultry	ΟY	O N	Ου					
rocessed meats (e.g. luncheon, salami, am)	ΟY	O N	Οu			//		//
lome kill meat	ΟY	O N	Ου					
ny pink or undercooked meat	ΟY	$\bigcirc$ N	Ου					
Raw fruit / vegetables	ΟY	$\bigcirc$ N	Ου					
Fruit / vegetable juice	ΟY	$\bigcirc$ N	Ου					
Current address*  Work / school / pre-school*  Non-habitual water supply within to the second supply within the second supply withi		wate eek*	r supply cod	de	○ Yes	or spec	O No	OUnknown
ecreational contact with water during If yes, nature of contact*	ng week	before b	ecoming il	<b> </b> *	(	Yes	○ No	OUnknown
Swimming in public swimming	pool*, naı	me of poo	ol(s)*					
Swimming in other pool*, locat	ion of poo	ol(s)*						
Use of spa pool*, *location of s	spa pool(s	5)*						
Swimming in stream or river (ir	ncluding c	anoeing)*	Name of r	river/stream(s)*				
Other recreational contact with	water*,	specify*						
NIMAL CONTACT bid the case have contact with anima	ls in the	week be	efore becor	ming ill?*		Оү	es C	No Ounknown
If yes, nature of contact*			0	O	_			
Household pets*		Yes	O No	Unknown		pecify*		
Farm animals*		Yes	O No	Unknown		pecify*		
Other animals*		Yes	○ No	Unknown		pecify*		
Animal manure*		Yes	O No	Unknown	S <sub>I</sub>	pecify*		
IUMAN CONTACT								
n the week before becoming ill, did t	the case:						_	
ttend school, pre-school or childcare	e*				○ Yes	○ No	OUnkn	
Attend any social functions*					○ Yes	○ No	OUnkr	nown
If yes, give detail*								
Have contact with children in nappies	<b>5</b> *				$\bigcirc$ Yes	○ No	O Unkr	nown

Was the case overseas during the incubation period for this disease (range = 3-8 days) for VTEC / STEC infection?*  If yes, date arrived in New Zealand*  Country/Region  Date Entered  Date Departed  Last:*  dd/mm/yyy  dd/mm/yy  dd/	Diels Enghous combines of							
If yes, nature of contact*  Date of onset of illness in other case*    Date of onset of illness in other case*   dd/mm/yyyy   me   or   Unknown								
Date of onset of illness in other case*    dd/mm/yyyy	·	h similar symptoms*		○Yes		)No (	<i>⊃</i> Unknown	
OVERSEAS TRAVEL  Was the case overseas during the incubation period for this disease (range= 3-8 days) for VTEC / STEC infection?*  If yes, date arrived in New Zealand*    Country/Region   Date Entered   Date Departed	If yes, nature of contact*							
Was the case overseas during the incubation period for this disease (range = 3-8 days) for VTEC / STEC infection?*  If yes, date arrived in New Zealand*  Country/Region  Date Entered  Date Departed  Last:*  dd/mm/yyy  dd/mm/yy  dd/mm/y	Date of onset of illne	ss in other case*	dd/mm/yyyy		or	Unknown		
If yes, date arrived in New Zealand*	OVERSEAS TRAVEL							
If yes, date arrived in New Zealand*    Country/Region   Date Entered   Date Departed			is disease		○ Yes	○ No	O Unknown	
Specify countries visited*  (from most recent to least recent)  Country/Region  Date Entered  Date Departed  dd/mm/yyy  dd/mm/yy  dd/mm/yy  dd/mm/yyy  dd/mm/yy  dd/m	(runge= 5 5 duys) for vice / 5		in New Zealand*		dd/mm	1/уууу		
Last:*    dd/mm/yyyy   dd/mm/yy	Specify countries visited*	(from most recent to le	east recent)					
Second Last:*    dd/mm/yyyy		Country/Region		Date Ente	ered		Date Depai	rted
Second Last:*    dd/mm/yyyy	Last:*			dd/mm/	<sup>'</sup> уууу	<b>#</b>	dd/mm/y	ууу 🛗
Third Last:*    dd/mm/yyyy   dd/mm/yyyyy   dd/mm/yyyy   dd/mm/yyyyy   dd/mm/yyyyy   dd/mm/yyyyyy   dd/mm/yyyyyy   dd/mm/yyyyyyy   dd/mm/yyyyyyy   dd/mm/yyyyyyyy   dd/mm/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	Second Last:*			dd/mm/	<sup>'</sup> уууу			
Did the case travel within New Zealand during the week before becoming ill?* Yes No Unknown  Specify where in New Zealand the case travelled*  OTHER  Did the case have any contact with sewage during the week before becoming ill?* Yes No Unknown  Did the case handle raw meat or offal (including raw meat or offal given to pets) during the Yes No Unknown  Week before becoming ill?*  Other risk factors for STEC infection*  Management  CASE MANAGEMENT  Case excluded from work or school, pre-school or childcare until well* Yes No NA Unknown  If the case works as food handler or is employed to care for patients, elderly, or children aged Yes No NA Unknown  Un	Third Last:*							
OTHER  Did the case have any contact with sewage during the week before becoming ill?*  Did the case handle raw meat or offal (including raw meat or offal given to pets) during the Yes No Unknown week before becoming ill?*  Other risk factors for STEC infection*  Management  CASE MANAGEMENT  Case excluded from work or school, pre-school or childcare until well*  Yes No NA Unknown With the case works as food handler or is employed to care for patients, elderly, or children aged Yes Spears, was the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case travel within New	Zealand during the week b	efore becoming ill?*	○ Ye	s	○ No	Unknov	vn
Did the case have any contact with sewage during the week before becoming ill?*    Yes	Specify where in New Zealand t	the case travelled*						
Did the case have any contact with sewage during the week before becoming ill?*  Point the case handle raw meat or offal (including raw meat or offal given to pets) during the Yes No Unknown week before becoming ill?*  Other risk factors for STEC infection*  Management  Case Management  Case excluded from work or school, pre-school or childcare until well*  Yes No No Unknown Unknown Version No NA Unknown Version Na Version No NA Unknown Version Na	OTHER				_			_
Week before becoming ill?*  Other risk factors for STEC infection*  Management  CASE MANAGEMENT  Case excluded from work or school, pre-school or childcare until well*  Yes No NA Unknows of section of the case works as food handler or is employed to care for patients, elderly, or children aged Yes No NA Unknows of section work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*								
Management  CASE MANAGEMENT  Case excluded from work or school, pre-school or childcare until well*  Yes No NA Unknows years, was the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case have any contact v	vith sewage during the wee	ek before becoming ill	<b>!</b> ?*	O Yes	$\bigcirc$ No	OUnknow	'n
CASE MANAGEMENT  Case excluded from work or school, pre-school or childcare until well*  If the case works as food handler or is employed to care for patients, elderly, or children aged Yes  S years, was the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case handle raw meat o week before becoming ill?*	or offal (including raw meat	_		_		_	
Case excluded from work or school, pre-school or childcare until well*  If the case works as food handler or is employed to care for patients, elderly, or children aged Yes  No NA Unknows the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case handle raw meat o week before becoming ill?*	or offal (including raw meat	_		_		_	
If the case works as food handler or is employed to care for patients, elderly, or children aged O Yes ONO NA O Unknows years, was the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case handle raw meat o week before becoming ill?* Other risk factors for STEC infe	or offal (including raw meat	_		_		_	
<5 years, was the case excluded from work until microbiological clearance achieved?*  Number of contacts screened for infection as per local protocols*	Did the case handle raw meat o week before becoming ill?* Other risk factors for STEC infect Management	or offal (including raw meat	_		_		_	
	Did the case handle raw meat o week before becoming ill?* Other risk factors for STEC infect Management CASE MANAGEMENT	or offal (including raw meat	t or offal given to pets		○ Yes	○ No	OUnknow	
Number of screened contacts that are identified with STEC infection*	Did the case handle raw meat o week before becoming ill?* Other risk factors for STEC infections of the management  CASE MANAGEMENT Case excluded from work or school school of the case works as food handle <5 years, was the case excluded	or offal (including raw meat ction* nool, pre-school or childcare er or is employed to care fo d from work until microbiol	e until well* or patients, elderly, or	children age	○ Yes	○ No	○ Unknow	rn
Comments*	Did the case handle raw meat o week before becoming ill?* Other risk factors for STEC infections of the case works as food handle <5 years, was the case excluded Number of contacts screened for week before the case works as food handle <5 years, was the case excluded the case excluded the case works as food handle <5 years, was the case excluded the case excluded the case works as food handle <5 years, was the case excluded the case excluded the case works as food handle <5 years, was the case excluded the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, was the case excluded the case works as food handle <5 years, which was the case excluded the case works as food handle <5 years.	nool, pre-school or childcare er or is employed to care for d from work until microbiol or infection as per local prot	e until well* or patients, elderly, or plogical clearance achietocols*	children age	○ Yes	○ No	○ Unknow	O Unknown

Version 16 February 2023

\* core surveillance data,  $\sim$  optional data