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| **Notification Details** | ⃝ General Practitioner | | | | | | | | ⃝ Hospital Practitioner | | | | | | | | | | | | | | | ⃝ Other | | | | | | |
| **Name of person notifying** |  | | | | | | | | | | | | | | | | | | **Date reported** | | | | |  | | | | | | |
| **Organisation** |  | | | | | | | | | | | | | | | | | | **Phone** | | | | |  | | | | | | |
| **Case’s GP Details** |  | | | | | | | | | | | | | | | | | | **Phone** | | | | |  | | | | | | |
| **Case classification** | **Patient had known contact with a confirmed case?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⃝ Yes  **Name of confirmed case:**  **Country where they had contact:** | | | | | | | | | | | | | | | | | | | ⃝ No | | | | | | | | | | |
| **Detected at the border** | ⃝ Yes | ⃝ No | | | | **If yes, date of entry to NZ ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| **PATIENT Details and RISK FACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of case** | **Surname** | | | | | | | | | | | | | | | **Given Name(s)** | | | | | | | | | | | | | | |
| **NHI Number** |  | | | | | | | **Date of birth** | | | | | | | | |  | | | | | | | | **Gender** | | | | |  |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone (home)** |  | | | | | | | **Phone (work)** | | | | | | | | |  | | | | | | | | **Mobile** | | | |  | |
| **Ethnicities** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Occupation and employer** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Select all observed signs and symptoms;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⃝ Pharyngea exudate | | | | | | | | | | ⃝ Dyspnea / Tachypnea | | | | | | | | | | | | | | | | | | | | |
| ⃝ Conjunctival injection | | | | | | | | | | ⃝ Abnormal lung auscultation | | | | | | | | | | | | | | | | | | | | |
| ⃝ Seizure | | | | | | | | | | ⃝ Abnormal lung x-ray findings? | | | | | | | | | | | | | | | | | | | | |
| ⃝ Coma | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please select all reported symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Onset date of symptoms:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⃝ History of fever/chills | | | | | ⃝ Shortness of breath | | | | | | | | | | | | | | | | ⃝ Headache | | | | | | | | | |
| ⃝ Difficulty breathing | | | | | ⃝ General weakness | | | | | | | | | | | | | | | | ⃝ Irritability/Confusion | | | | | | | | | |
| ⃝ Cough | | | | | ⃝ Diarrhea | | | | | | | | | | | | | | | | ⃝ Runny nose | | | | | | | | | |
| ⃝ Sore Throat | | | | | ⃝ Nausea/vomiting | | | | | | | | | | | | | | | | ⃝ Pain (please circle) abdominal/muscular/chest/joint? | | | | | | | | | |
| **PAST MEDICAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⃝ Pregnancy (Trimester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | ⃝ Post-partum (< 6 weeks) | | | | | | | | | | | | | | | | | | | | |
| ⃝ Cardiovascular disease. Incl. Hypertension | | | | | | | | | | ⃝ Immunodeficiency, incl. HIV | | | | | | | | | | | | | | | | | | | | |
| ⃝ Diabetes | | | | | | | | | | ⃝ Renal disease | | | | | | | | | | | | | | | | | | | | |
| ⃝ Liver disease | | | | | | | | | | ⃝ Chronic lung disease | | | | | | | | | | | | | | | | | | | | |
| ⃝ Chronic neurological disease | | | | | | | | | | ⃝ Malignancy | | | | | | | | | | | | | | | | | | | | |
| **TRAVEL AND EXPOSURE HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the patient travelled in the 14 days prior to symptom onset?** | ⃝ Yes  ⃝ No | | **Country of Origin:** | | | | | | | | | |  | | | | | | | | | **Province/City:** | | | | |  | | | |
| **Transit Country/Airport:** | | | | | | | | | |  | | | | | | | | | **Date:** | | | | |  | | | |
| **Transit Country/Airport:** | | | | | | | | | |  | | | | | | | | | **Date:** | | | | |  | | | |
| **Has the patient visited any healthcare facility(ies) in the 14 days prior to symptom onset?** | **⃝ Yes**  **⃝ No** | | | **Were they admitted to hospital?**  **⃝ Yes ⃝ No** | | | | | | | | | | | **Date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Has the patient had close contact with a person with acute respiratory infection in the 14 days prior to symptom onset?** | **⃝ Yes**  **⃝ No** | | | **If yes, contact setting (check all that apply)** | | | | | | | | | | | | | | | | | | **⃝ Healthcare Setting**  **⃝ Family Setting**  **⃝ Workplace**  **⃝ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **If yes, Please provide Location/City/Country of exposure: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you visited any live animal markets in the 14 days prior to symptom onset?** | | | | | | | | | | | ⃝ Yes | | | | | | | | | | ⃝ No | | | | | | | ⃝ Unknown | | |
| **CLINICAL MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Testing completed?**  *Upper respiratory tract samples obtained using a flocked nylon nasopharyngeal (NPS) AND oropharyngeal swabs placed into a single red topped tube of VIRAL TRANSPORT MEDIUM*  *Please follow the Labtests Guidelines:* [*https://www.labtests.co.nz/2020/01/31/novel-coronavirus-2019-ncov-testing-guidelines-for-community-referrers/*](https://www.labtests.co.nz/2020/01/31/novel-coronavirus-2019-ncov-testing-guidelines-for-community-referrers/) | | | | | | | **Respiratory Panel PCR** | | | | | | | **Taken?**  **⃝ Yes ⃝ No** | | | | | | | | | **nCoV PCR** | | | **Taken?**  **⃝ Yes ⃝ No** | | | | |
| **Informed Auckland Regional Public Health Service?**  *Phone (09) 6234600 to discuss case and to notify* | | | | | | | **Informed ARPHS?** | | | | | | | | | | | | | | | | **⃝ Yes ⃝ No** | | | | | | | |
| **Hospitalised?** | | | | | | | ⃝ Yes | | | | | ⃝ No | | | | | | ⃝ Unknown | | | | | **Admission**  **Hospital:** | | | | | | | |
| **Treatment provided?** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Isolation advice provided?** | | | | | | | ⃝ Yes | | | | | ⃝ No | | | | | | | | ***Isolate until well for 24 hours*** | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |