|  |  |  |  |
| --- | --- | --- | --- |
| **Notification Details** |  [ ]  General Practitioner | [ ]  Hospital Practitioner | [ ]  Other |
| **Name of person notifying**  |  | **Date reported** |   |
| **Notifier Organisation** |  | **Phone** |  |
| **Usual GP: Name and Practice** |  | **Phone** |  |
| **disease Name** | [ ]  Tuberculosis disease – new case | [ ]  Latent tuberculosis infection | [ ]  Tuberculosis disease – relapse or reactivation | [ ]  Tuberculosis infection – old disease on preventive treatment |
| **TuberCULOSIS PATIENT Details**  |
| **Name of patient** | **Surname** | **First name(s)** |
| **NHI Number** |  | **Date of birth** | **Click for date** | **Gender**  |  |
| **Address** |  |
| **Phone Home** |  | **Phone Work** |  | **Mobile** |  |
| **Ethnicity** | **Choose an item** | **Other, please specify** |
| **Occupation and employer** |  |
| **Attends/works at ELS, School, Healthcare facility, or Residential facility**  | [ ]  Yes[ ]  No | **If yes, name & address of facility:** |
| **BASIS OF DIAGNOSIS** |
| **Laboratory confirmation of disease**  | [ ]  Yes | [ ]  No | [ ]  Unknown |  |
| **Demonstration of acid-fast bacilli in a clinical specimen** | [ ]  YesIf yes, specify site[ ]  Sputum[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Not Done | [ ]  Awaiting Results |
| **Isolation of Mycobacterium tuberculosis, or M.bovis from a clinical specimen** | [ ]  YesIf yes, specify site[ ]  Sputum[ ]  Other (specify) ­­­ | [ ]  No | [ ]  Not Done | [ ]  Awaiting Results  |
| **Demonstration of M.tuberculosis nucleic acid (PCR or LCR only)** | [ ]  YesIf yes, specify site[ ]  Sputum[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Not Done | [ ]  Awaiting Results |
| **Histology strongly suggestive of tuberculosis** | [ ]  Yes | [ ]  No | [ ]  Not Done | [ ]  Awaiting Results |
| **Are there any results suggesting drug resistant M. tuberculosis?** | [ ]  YesIf yes, specify: | [ ]  No |
| **STATUS** | [ ]  Under Investigation | [ ]  Probable – presumptive (no laboratory confirmation) | [ ]  Confirmed (laboratory confirmation) | [ ]  Not a case |
| **OTHER CRITERIA** |
| **Treatment for presumptive TB** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Pulmonary** | [ ]  Yes[ ]  No | **If yes, Radiology** [ ]  Normal[ ]  Active TB[ ]  TB of uncertain activity[ ]  Not Done[ ]  Unknown | **If yes, Evidence of cavity formation** [ ]  Yes[ ]  No[ ]  Unknown |
| **Extrapulmonary** | [ ]  Yes[ ]  No | **If yes, tick all that apply** [ ]  Lymph node (excl abdomen) [ ]  Bone/ joint [ ]  Soft tissue/skin[ ]  Pleural [ ]  Intraabdominal (excl renal)[ ]  CNS TB (incl meningitis) [ ]  Miliary TB [ ]  Renal/ genitourinary tract [ ]  Other |
| **How was case/infection discovered?** | [ ]  Contact follow-up | [ ]  Immigrant/ refugee screening  | [ ]  Attended practitioner with symptoms | [ ]  Other (specify)­­­­­­­\_\_\_\_\_\_\_\_\_ |
| **ADDITIONAL LABORATORY DETAILS (Culture positive cases only and ESR updated)** |
| **Mycobacterial species**  | [ ]  Mycobacterium tuberculosis | [ ]  M.bovis | [ ]  Other (specify) ­­­­\_\_\_\_\_\_\_\_\_ |
| **PREVIOUS HISTORY OF TUBERCULOSIS (relapses or reactivations only)** |
| **Date of first tuberculosis diagnosis**  |   | **Name of Doctor** |  |
| **Place where diagnosis made (town/ city/ country)** |  |
| **Was diagnosis confirmed by laboratory testing?** | [ ]  Yes (please attach any information) | [ ]  No | [ ]  Unknown |
| **Was patient treated? If yes, duration of treatment** | [ ]  Yes \_\_\_\_\_ months | [ ]  No | [ ]  Unknown |
| **CLINICAL COURSE and OUTCOME** |
| **Date of onset** | Date \_\_\_\_\_\_\_\_\_\_ | [ ]  Approximate | [ ]  Unknown | [ ]  Asymptomatic |
| **Hospitalised? If yes date of hospitalisation** | [ ]  Yes Date \_\_\_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Unknown |
| **Died? If yes, date of death** | [ ]  Yes Date \_\_\_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Unknown |
| **Was this disease the primary cause of death? If no, specify primary cause of death** | [ ]  Yes  | [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Unknown |
| **RISK FACTORS** |
| **Has HIV test been performed** | [ ]  Yes  | [ ]  No | [ ]  Unknown |
| **Other immunosuppressive illness (chronic renal failure, alcoholism, diabetes, gastrectomy)** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No  | [ ]  Unknown |
| **Immunosupressive medication? If yes, specify** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No  | [ ]  Unknown |
| **Exposure in healthcare setting** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No  | [ ]  Unknown |
| **Current or recent residence in an institution (e.g. prison) If yes, specify** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No  | [ ]  Unknown |
| **Born outside New Zealand?** | [ ]  Yes Specify country and date of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  No  | [ ]  Unknown |
| **MANAGEMENT** |
| **Under specialist care? If yes, specify name** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Unknown |
| **Did the patient receive treatment? If yes, date started** | [ ]  Yes Date\_\_\_\_\_\_\_\_\_ | [ ]  Treatment declined | [ ]  Treatment inappropriate | [ ]  Unknown |
| **CONTACT MANAGEMENT** |
| **Are there any high priority contacts identified (e.g. < 5yrs, pregnant, immune suppressed)** | [ ]  Yes Specify \_\_\_\_\_\_\_\_\_ | [ ]  No | [ ]  Unknown |
| **COMMENTS** |
| e.g. isolation, treatment or adherence risks, antimicrobial susceptibilities, source or contact tracing information, suspicion of an outbreak, suspicion of M.bovis. |