

Novel Coronavirus (2019-nCoV) – Public Health Notification Form

IMPORTANT – email to notify@adhb.govt.nz

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau

Waitemata District Health Board

Best Care for Everyone

Te Raukōwhiri Hauora

Working with the people of Auckland, Whithore and Counties Manukau

NOTIFICATION DETAILS	<input type="radio"/> General Practitioner	<input type="radio"/> Hospital Practitioner	<input type="radio"/> Laboratory
	<input type="radio"/> Self-notification	<input type="radio"/> Outbreak Investigation	<input type="radio"/> Other _____
Name of person notifying		Date reported	
Organisation		Phone	
Usual GP		Phone	
Episurv	<i>Public health only - do not complete field</i>		
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			
CONTACT WITH A CONFIRMED CASE			
<input type="radio"/> Yes <input type="radio"/> No	Country where they had contact: _____		Name of confirmed case: _____
DETECTED AT THE BORDER	<input type="radio"/> Yes <input type="radio"/> No	Date of arrival NZ _____	
BASIS OF DIAGNOSIS			
Date of onset of first symptom(s) _____			
Please select all reported symptoms			
<input type="radio"/> Asymptomatic	<input type="radio"/> Shortness of breath	<input type="radio"/> Vomiting/nausea	
<input type="radio"/> History of fever/chills	<input type="radio"/> Runny nose	<input type="radio"/> Diarrhoea	
<input type="radio"/> Cough	<input type="radio"/> Headache	<input type="radio"/> Irritability/confusion	
<input type="radio"/> Sore Throat	<input type="radio"/> Generalised weakness	<input type="radio"/> Pain (please circle) abdominal muscular chest joint	
ADDITIONAL	Ventilated: <input type="radio"/> Yes <input type="radio"/> No		
	Health status at time of reporting (circle) recovered not recovered death unknown		
OBSERVATIONS			
Temperature		Highest Temperature	
		Respiratory Rate	
		Heart Rate	
Select all observed signs and symptoms			
<input type="radio"/> Pharyngeal exudate		<input type="radio"/> Dyspnoea / Tachypnoea	
<input type="radio"/> Conjunctival injection		<input type="radio"/> Abnormal lung auscultation	
<input type="radio"/> Seizure		<input type="radio"/> Abnormal CXR findings (specify) _____	
<input type="radio"/> Coma		<input type="radio"/> Other _____	
PAST MEDICAL HISTORY			
<input type="radio"/> Pregnancy	Trimester _____	<input type="radio"/> Postpartum (< 6 weeks)	

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<input type="radio"/> Cardiovascular disease (including hypertension)	<input type="radio"/> Immunodeficiency (including HIV)				
<input type="radio"/> Diabetes	<input type="radio"/> Renal disease				
<input type="radio"/> Liver disease	<input type="radio"/> Chronic lung disease				
<input type="radio"/> Chronic neurological disease	<input type="radio"/> Malignancy				
TRAVEL AND EXPOSURE HISTORY					
Occupation in the 14 days prior to symptom onset	<input type="radio"/> Student <input type="radio"/> Health care worker <input type="radio"/> Health Lab Worker <input type="radio"/> Work with animals <input type="radio"/> Other (Specify) _____				
Has the patient travelled in the 14 days prior to symptom onset? INCLUDE TRANSITS	<input type="radio"/> Yes Date of arrival NZ _____ <input type="radio"/> No	Country	City/Region	Date of Entry	Date of Departure
		Last			
		Second last			
		Third last			
Has the patient visited any healthcare facility in the 14 days prior to symptom onset?	<input type="radio"/> Yes <input type="radio"/> No	Were they admitted to hospital? <input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	SETTING: <input type="radio"/> Healthcare Setting <input type="radio"/> Family Setting <input type="radio"/> Workplace <input type="radio"/> Other (Specify) _____	LOCATION: City (Specify) _____ Country (Specify) _____		
Has the patient visited any live animal markets in the 14 days prior to symptom onset?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown		
CLINICAL MANAGEMENT					
Testing completed? COMMUNITY Upper respiratory tract samples obtained using a flocced nylon nasopharyngeal (NPS) AND oropharyngeal swabs placed into a single red topped tube of VIRAL TRANSPORT MEDIUM Community Lab Testing (Labtests) link HOSPITAL As per DHB protocol	Respiratory Panel PCR Taken <input type="radio"/> Yes <input type="radio"/> No	nCoV PCR Taken <input type="radio"/> Yes <input type="radio"/> No			
Informed ARPHS? <i>Phone (09) 6234600 to discuss case and to notify 24 hours/day</i>	<input type="radio"/> Yes	<input type="radio"/> No			
Hospitalised?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown	Hospital: _____	
Isolation advice provided? <i>Isolate until the latter of:</i> <ul style="list-style-type: none"> well for 24 hours 14 days since last travel to Mainland China 	<input type="radio"/> Yes	<input type="radio"/> No	Date isolated: _____		