

Case name: *First name* *Surname* DOB/...../..... Notification ID:



Enterovirus 71 Case Report Form

..... **Public Health Unit** Outbreak ID:
Completed by: Date sent to NOCS:/...../.....
Telephone: Fax:

NOTIFICATION:

Date PHU notified:/...../..... Date initial response:/...../.....
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name: *First name* *Surname*
Date of birth:/...../..... Age: Years Months Sex: Male Female
Name of parent/carer:
 Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown
English preferred language: Yes No – *specify* Ethnicity – *specify*
Permanent address: Postcode:
Home tel: Mob: Email:
Occupation: Work telephone:
Temporary address in Queensland (*if different from permanent address*): Postcode:
Telephone: Mob: Email:
General Practitioner: Dr
Address: Postcode:
Telephone: Fax: Email:

CLINICAL DETAILS

Date of onset:/...../..... Date of medical consultation:/...../.....
 Aseptic meningitis Encephalitis Acute Flaccid Paralysis Hand Foot Mouth Disease Pulmonary oedema/haemorrhage
 Other
Hospitalised: Yes No Unknown Hospital: Date:/...../..... to/...../.....
Complications: Yes – *specify* No Unknown
Outcome: Survived Died Date of death:/...../..... Died of condition Unknown

LABORATORY:

Laboratory: First collection date:/...../.....

Isolation of EV 71: Positive Negative Not tested Unknown
PCR: EV 71 detected EV 71 Not detected Not tested Unknown

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EXPOSURE PERIOD:

Date:/...../..... to Date:/...../.....
 (Onset -5days) (Onset -3 days)

Travel History:

Was the case interstate or overseas in exposure period? Yes No Unknown

Date of travel:/...../..... to/...../..... Places visited:

During this time was there contact with confirmed/suspected case(s)? Yes No Unknown

Name / NID: Telephone: Contact type:

Name / NID: Telephone: Contact type:

Other details:

PLACE ACQUIRED:

- Queensland Other Australian state/territory – *specify*
- Unknown Other country – *specify*

NOTIFICATION DECISION:

- Confirmed EV 71 case Probable EV 71 case

In all cases of AFP in children less than 15 years of age, the Australian Paediatric Surveillance Unit (APSU) questionnaire should be completed (www.vidrl.org.au/labsandunits/polio/forms/qninitial.doc) and sent to the National Polio Reference Laboratory at the Victorian Infectious Disease Research Laboratory (VIDRL) with a copy to APSU as listed on the form. A further questionnaire will be sent by APSU to the treating clinician to complete at 60 days after the onset of illness (www.vidrl.org.au/labsandunits/polio/forms/qnfollowup.doc).

INFECTIOUS PERIOD:

Date:/...../..... to Date:/...../.....
 (Onset) (Clearance of virus in faeces)

CONTACT MANAGEMENT:

More than one case of EV 71 neurological disease over a one month period is considered an outbreak.

Type of contact	Number of contacts	Management
Household	Children: Adults:	Testing
Childcare Centre/ School	Children: Adults:	Testing
Other	Children: Adults:	Testing

Closures of childcare facilities may need to be considered in exceptional circumstances. When closure is necessary, they should remain closed for at least two incubation periods (10 days) from the date of onset in the last case.

COMMENTS: