

**NCIRS*****Haemophilus influenzae type b*****Enhanced surveillance notification (amended January 2005)****To be completed for:**

- 1 Isolation of *H. influenzae* type b from any normally sterile site, OR
- 2 Identification of Hib antigen in cerebrospinal fluid, with other laboratory parameters consistent with meningitis.

Note: Diagnosis of epiglottitis by direct vision, laryngoscopy or X-ray without a positive sterile site culture is now NOT notifiable.

**Patient Information**

Surname: (First 2 Letters) |\_\_|\_\_|

First name: (First 2 Letters) |\_\_|\_\_|

Sex: (M / F) |\_\_|

Date of Birth: \_\_ \_\_|\_\_ \_\_|\_\_ \_\_

Postcode of Residence: |\_\_|\_\_|\_\_|\_\_| State of Residence: |\_\_|\_\_|\_\_|

Treating doctor: ..... Phone No: .....

**Clinical Data**

1. Date of onset: \_\_ \_\_|\_\_ \_\_|\_\_ \_\_

2. Aboriginal or Torres Strait Islander:

 Yes                       No                       Unknown

3. Clinical diagnosis:

 Meningitis                       Epiglottitis                       Septicaemia without focus

 Cellulitis                       Other - please describe .....

4. Outcome:

 Discharged apparently well Discharged with abnormality - please specify ..... Died**Risk Factors**5.  Premature (< than 37 weeks gestation)..... weeks

6. Does the case have an underlying illness requiring regular medical supervision?

 No underlying illness Splenectomy Immunosuppressive drug - please specify: ..... Immunosuppressive condition - please specify ..... Congenital or chromosomal abnormality - please specify ..... Other - please specify: .....

