

INVASIVE PNEUMOCOCCAL DISEASE

Case details				NDD no.	
Surname	_____	Given name	_____	Sex	M F
DOB	__/__/__	Age	___ yrs/ mth		
Address	_____				
Suburb	_____	Postcode	_____	Telephone	_____
Indigenous	<input type="radio"/> Aboriginal <input type="radio"/> Torres St Islander <input type="radio"/> No	COB	<input type="radio"/> Australia <input type="radio"/> Other: <i>specify</i> _____	Language	<input type="radio"/> English <input type="radio"/> Other: <i>specify</i> _____
Disease					
Symptomatic	Y N	Onset date	__/__/__		
Pneumonia	Y N	Bacteraemia	Y N	Meningitis	Y N
Other	Y N	specify	_____	Unknown	Y N
Notes	_____ _____ _____ _____				
Laboratory					
Lab confirmed	Y N			Antibiotic Susceptibilities	
<input type="radio"/> CSF	__/__/__	<input type="radio"/> org isolated	<input type="radio"/> NAT	Penicillin	<input type="radio"/> S <input type="radio"/> I <input type="radio"/> R
<input type="radio"/> blood	__/__/__	<input type="radio"/> org isolated	<input type="radio"/> NAT	Cefotaxime	<input type="radio"/> S <input type="radio"/> I <input type="radio"/> R
<input type="radio"/> pleural fluid	__/__/__	<input type="radio"/> org isolated	<input type="radio"/> NAT		
<input type="radio"/> joint fluid	__/__/__	<input type="radio"/> org isolated	<input type="radio"/> NAT		
Other _____	__/__/__	<input type="radio"/> org isolated	<input type="radio"/> NAT	Serotype	___ (ref lab)
Notification					
First notifier	_____	Telephone	_____	Fax	_____
Notifier type	<input type="checkbox"/> Lab <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital (not lab) <input type="checkbox"/> Other _____	Notified date	__/__/__	Received date	__/__/__
No. ipn order of receipt	_____				
General Practitioner	_____	Telephone	_____	Postcode	_____
Address	_____			Fax	_____
Outcome					
Hospitalised	Y N	Admitted date	__/__/__	Discharge date	__/__/__
Hospital/s	_____			MRN	_____
Hosp doctor	_____	Telephone	_____		
Deceased	Y N	Death date	__/__/__	Cause of death	Y N U

Risk factors (<5 years or 50 years and over)			Case
Complete Q1-8 for < 5 years, Q5-9 only for 50 years and over			<i>if yes, provide details (see notes)</i>
1. Premature <37 weeks gestation	Y N U		_____ weeks
2. Congenital or chrom abnormality (see note 1)	Y N U		_____
3. Chronic lung disease or Cystic Fibrosis	Y N U		_____
4. Attends child care (see note 3)	Y N U		_____
5. Anatomic or functional asplenia	Y N U		_____
6. Immunocompromised (see note 2)	Y N U		_____
7. Chronic illness (see note 4)	Y N U		_____

8. Other illness (see note 5)	Y N U		_____

9. Smokes	Y N U		_____

Vaccination history

Source of information: Validated (eg ACIR / health record) Self or parental recall only

Pneumococcal Vaccination Dates

	Vaccine type	
1 st ___ / ___ / ____	<input type="radio"/> polysacch <input type="radio"/> conjugate <input type="radio"/> unknown	
2 nd ___ / ___ / ____	<input type="radio"/> polysacch <input type="radio"/> conjugate <input type="radio"/> unknown	
3 rd ___ / ___ / ____	<input type="radio"/> polysacch <input type="radio"/> conjugate <input type="radio"/> unknown	
4 th ___ / ___ / ____	<input type="radio"/> polysacch <input type="radio"/> conjugate <input type="radio"/> unknown	

Vaccination Status

fully vac. for age
 partially vac. for age
 not vaccinated
 not applicable unknown

Administration

Completed by _____ Date finalised ___/___/___ PHU _____

Notes

- Congenital or chromosomal abnormality** includes Down's syndrome
- Immunocompromised** including HIV/AIDS, lymphoma, organ transplant, multiple myeloma, nephrotic syndrome, chronic drug therapy (eg: chemotherapy or >20mg/d prednisolone in last year), dysgammaglobulinaemia and sickle cell anaemia
- Attends Child Care** regular attendance (>4hrs week) in a grouped child care setting outside the home.
- Chronic illness** including CSF leak, intracranial shunts and cochlear implants, diabetes, cardiac disease (angina, MI, heart failure, coronary bypass) pulmonary disease (asthma, bronchitis, emphysema), chronic liver disease, renal impairment and alcohol related.
- Other illness** includes any illness that requires regular medical review.