

NCIRS***Haemophilus influenzae type b*****Enhanced surveillance notification (amended January 2010)****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

State/Territory Notification (Unique) ID:

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:

