

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 | COB | <input type="radio"/> Australia | Language | <input type="radio"/> English |
| | <input type="radio"/> Torres St Islander | | <input type="radio"/> Other: <i>specify</i> | | <input type="radio"/> Other: <i>specify</i> |
| | <input type="radio"/> No | | _____ | | _____ |

| | | | | | |
|--------------------|-------|-------------|----------|------------|-----|
| 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 | ___ (<i>ref lab</i>) |

| | | | | | |
|--------------------------|---|---------------|----------|---------------|----------|
| Notification | | | | | |
| First notifier | _____ | Telephone | _____ | Fax | _____ |
| Notifier type | <input type="checkbox"/> Lab | Notified date | __/__/__ | Received date | __/__/__ |
| No. ipn order of receipt | <input type="checkbox"/> Doctor | | | | |
| | <input type="checkbox"/> Hospital (not lab) | | | | |
| | <input type="checkbox"/> Other _____ | | | | |
| 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 | | | if yes, provide details (see notes) |
| 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

1st ___ / ___ / ____

2nd ___ / ___ / ____

3rd ___ / ___ / ____

4th ___ / ___ / ____

Vaccine type

polysacch conjugate unknown

polysacch conjugate unknown

polysacch conjugate unknown

polysacch conjugate 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.