

CASE REPORT FORM**Haemophilus Influenzae Type b Disease**

Haemophilus Influenzae Type b Disease

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory
☐ Self-notification ☐ Outbreak Investigation ☐ Other

Name of reporting source _____

Organisation _____

Date reported* _____

Contact phone _____

Usual GP _____

Practice _____

GP phone _____

GP/Practice address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____**Case Identification**

Name of case*

Surname _____

Given Name(s) _____

NHI number* _____

Email _____

Current address*

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Phone (home) _____

Phone (work) _____

Phone (other) _____

Case Demography

Location TA* _____

DHB* _____

Date of birth*

OR

Age _____

☐ Days☐ Months☐ Years

Sex*

☐ Male☐ Female☐ Indeterminate☐ Unknown

Occupation* _____

Occupation location

☐ Place of Work☐ School☐ Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Alternative location

☐ Place of Work☐ School☐ Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

Town/City _____

Post Code _____

☐ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

☐ NZ European☐ Maori☐ Samoan☐ Cook Island Maori☐ Niuean☐ Chinese☐ Indian☐ Tongan☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Haemophilus Influenzae Type b Disease		EpiSurv No. _____	
Basis of Diagnosis			
CLINICAL CRITERIA			
Fits Clinical Description*		☐ Yes ☐ No ☐ Unknown	
Clinical features			
Meningitis*	☐ Yes ☐ No ☐ Unknown	Septicaemia*	☐ Yes ☐ No ☐ Unknown
Epiglottitis*	☐ Yes ☐ No ☐ Unknown	Pneumonia*	☐ Yes ☐ No ☐ Unknown
Other invasive illness* (specify) _____			
LABORATORY CRITERIA			
Isolation of <i>H. influenzae type b</i> from CSF*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
Isolation of <i>H. influenzae type b</i> from blood*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
Isolation of <i>H. influenzae type b</i> from other site*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
(specify site)* _____			
Detection of <i>H. influenzae type b</i> nucleic acid*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
(specify site)* _____			
Gram negative bacilli of characteristic appearance*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
(specify site)* _____			
Detection of <i>H. influenzae type b</i> antigen*	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results		
(specify site)* _____			
CLASSIFICATION*		☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case	
ADDITIONAL LABORATORY DETAILS			
Other Lab details:* _____			
Clinical Course and Outcome			
Date of onset* _____	☐ Approximate ☐ Unknown		
Hospitalised*	☐ Yes ☐ No ☐ Unknown		
Date hospitalised* _____	☐ Unknown		
Hospital* _____			
Died*	☐ Yes ☐ No ☐ Unknown		
Date died* _____	☐ Unknown		
Was this disease the primary cause of death?* ☐ Yes ☐ No ☐ Unknown			
If no, specify the primary cause of death* _____			
Outbreak Details			
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*			
☐ Yes If yes, specify Outbreak No.* _____			
Risk Factors			
Contact with a presumptive case of <i>H. influenzae type b</i> disease in 60 days before onset?*			
☐ Yes ☐ No ☐ Unknown			
If yes, was prophylaxis offered?*			
☐ Yes ☐ No ☐ Unknown			
If yes, was prophylaxis taken?*			
☐ Yes ☐ No ☐ Unknown			
Name of presumptive case?* _____			

Haemophilus Influenzae Type b Disease		EpiSurv No. _____		
Risk Factors continued				
Attendance at school, pre-school or childcare*		☐ Yes	☐ No	
Other risk factor for <i>H. influenzae type b</i> disease?*		☐ Unknown		
Protective Factors				
At any time prior to onset, had the case been immunised with <i>H. influenzae type b</i> disease vaccine (DTaP/HiB or Hib-HepB)?* ☐ Yes ☐ No ☐ Unknown				
If yes, specify vaccine details*				
First administered dose: *	☐ DTaP/Hib	☐ Hib-HepB	☐ Unknown	
Date given* _____	Or age when first dose given _____ ☐ Weeks ☐ Months ☐ Years			
Source of information: *	☐ Patient/caregiver recall	☐ Documented		
Second administered dose: *	☐ DTaP/Hib	☐ Hib-HepB	☐ Not given ☐ Unknown	
Date given* _____	Or age when second dose given _____ ☐ Weeks ☐ Months ☐ Years			
Source of information: *	☐ Patient/caregiver recall	☐ Documented		
Third administered dose: *	☐ DTaP/Hib	☐ Hib-HepB	☐ Hib ☐ Not given ☐ Unknown	
Date given* _____	Or age when third dose given _____ ☐ Weeks ☐ Months ☐ Years			
Source of information: *	☐ Patient/caregiver recall	☐ Documented		
Fourth administered dose: *	☐ DTaP/Hib	☐ Hib-HepB	☐ Hib ☐ Not given ☐ Unknown	
Date given* _____	Or age when fourth dose given _____ ☐ Weeks ☐ Months ☐ Years			
Source of information: *	☐ Patient/caregiver recall	☐ Documented		
Management				
CONTACT MANAGEMENT				
Type of contact	Number identified	Number counselled	Number offered antibiotics	Number offered vaccination
Household contacts (with pre-schoolers)	_____	_____	_____	_____
Childcare / pre-school contacts	_____	_____	_____	_____
Other contacts (specify) _____	_____	_____	_____	_____
Comments				