

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 **OfficerName** _____

Notifier Identification

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

Name of reporting source **ReportName** _____Organisation **ReportOrganisation** _____Date reported* **ReportDate** _____Contact phone **ReportPhone** _____Usual GP **UsualGP** _____Practice **GPPPracticeName** _____GP phone **GPPhone** _____

GP/Practice address Number _____

Street _____

Suburb _____

GPAAddress

Town/City _____

Post Code _____

☐ **GeoCode** _____

Case Identification

Name of case* Surname **Surname** _____ Given Name(s) **GivenName** _____NHI number* **NHINumber** _____Email **Email** _____

Current address* Number _____

Street _____

Suburb _____

CaseAddress

Town/City _____

Post Code _____

☐ **GeoCode** _____Phone (home) **PhoneHome** _____Phone (work) **PhoneWork** _____Phone (other) **PhoneOther** _____

Case Demography

Location **TA* TA** _____**DHB* DHB** _____Date of birth* **DateOfBirth** _____OR Age **Age** _____☐ Days☐ Months☐ Years **AgeUnits**Sex* **Sex**☐ Male☐ Female☐ Indeterminate☐ UnknownOccupation* **Occupation** _____Occupation location **PlaceOfWork1Type**☐ Place of Work☐ School☐ Pre-schoolName **PlaceOfWork1** _____

Address

Number _____

Street _____

Suburb _____

PlaceOfWork1Address

Town/City _____

Post Code _____

☐ **GeoCode** _____Alternative location **PlaceOfWork2Type**☐ Place of Work☐ School☐ Pre-school

Name _____

Address

Number _____

Street _____

Suburb _____

PlaceOfWork2Address

Town/City _____

Post Code _____

☐ **GeoCode** _____

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

NZ European **EthNZEuroean**Maori **EthMaori**Samoan **EthSamoan**Cook Island Maori **EthCookIslandMaori**Niuean **EthNiuean**Chinese **EthChinese**Indian **EthIndian**Tongan **EthTongan**Other (such as Dutch, Japanese) **EthOther**

*(specify)

EthSpecify1 _____**EthSpecify2** _____

Haemophilus Influenzae Type b Disease	EpiSurv No. _____
Basis of Diagnosis	
CLINICAL CRITERIA	
Fits Clinical Description* FitClinDes ☐ Yes ☐ No ☐ Unknown	
Clinical features	
Meningitis* Meningitis ☐ Yes ☐ No ☐ Unknown	Septicaemia* Septicaemia ☐ Yes ☐ No ☐ Unknown
Epiglottitis* Epiglottitis ☐ Yes ☐ No ☐ Unknown	Pneumonia* Pneumonia ☐ Yes ☐ No ☐ Unknown
Other invasive illness* (specify) OthInvas _____	
LABORATORY CRITERIA	
Isolation of <i>H. influenzae type b</i> from CSF* IsolCSF	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Isolation of <i>H. influenzae type b</i> from blood* IsolBlood	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
Isolation of <i>H. influenzae type b</i> from other site* IsolOth	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
(specify site)* OthSite _____	
Detection of <i>H. influenzae type b</i> nucleic acid* NAAT	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
(specify site)* NAATSite _____	
Gram negative bacilli of characteristic appearance* GramNeg	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
(specify site)* GramNegSite _____	
Detection of <i>H. influenzae type b</i> antigen* Antigen	☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results
(specify site)* AntigenSite _____	
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case	
ADDITIONAL LABORATORY DETAILS	
Other Lab details:* AddLab _____	
Clinical Course and Outcome	
Date of onset* OnsetDt _____	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown
Hospitalised* Hosp ☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt _____	☐ Unknown HospDtUnknown
Hospital* HospName _____	
Died* Died ☐ Yes ☐ No ☐ Unknown	
Date died* DiedDt _____	☐ Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary ☐ Yes ☐ No ☐ Unknown	
If no, specify the primary cause of death* DiedOther _____	
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 Outbrk If yes, specify Outbreak No.* OutbrkNo _____	
Risk Factors	
Contact with a presumptive case of <i>H. influenzae type b</i> disease in 60 days before onset?* ContCase ☐ Yes ☐ No ☐ Unknown	
If yes, was prophylaxis offered?* ProphOffer ☐ Yes ☐ No ☐ Unknown	
If yes, was prophylaxis taken?* ProphTake ☐ Yes ☐ No ☐ Unknown	
Name of presumptive case?* ContName _____	

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Risk Factors continued				
Attendance at school, pre-school or childcare* AttendSch ☐ Yes ☐ No ☐ Unknown				
Other risk factor for <i>H. influenzae type b</i> disease?* RiskOthSpecify _____				
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)?* Immunised ☐ Yes ☐ No ☐ Unknown				
If yes, specify vaccine details*				
First administered dose:* FirstDose ☐ DTaP/Hib ☐ Hib-HepB ☐ Unknown				
Date given* DtFirstDose ____ Or age when 1st dose given AgeFirstDose ____ YMWFirstDose ☐ W ☐ M ☐ Y				
Source of information:* SceFirstDose ☐ Patient/caregiver recall ☐ Documented				
Second administered dose:* SecndDose ☐ DTaP/Hib ☐ Hib-HepB ☐ Not given ☐ Unknown				
Date given* DtSecndDose ____ Or age when 2nd dose given AgeSecndDose ____ YMWSecndDose ☐ W ☐ M ☐ Y				
Source of information:* SceSecndDose ☐ Patient/caregiver recall ☐ Documented				
Third administered dose:* ThirdDose ☐ DTaP/Hib ☐ Hib-HepB ☐ Hib ☐ Not given ☐ Unknown				
Date given* DtThirdDose ____ Or age when 3rd dose given AgeThirdDose ____ YMWThirdDose ☐ W ☐ M ☐ Y				
Source of information:* SceThirdDose ☐ Patient/caregiver recall ☐ Documented				
Fourth administered dose:* FourthDose ☐ DTaP/Hib ☐ Hib-HepB ☐ Hib ☐ Not given ☐ Unknown				
Date given* DtFourthDose ____ Or age when 4th dose given AgeFourthDose ____ YMWFourthDose ☐ W ☐ M ☐ Y				
Source of information:* SceFourthDose ☐ 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)	NoHHold ____	NoHHoldCou ____	NoHHoldAbx ____	NoHHoldVac ____
Childcare / pre-school contacts	NoCCare ____	NoCCareCou ____	NoCCareAbx ____	NoCCareVac ____
Other contacts (specify) OtherContact _____	NoOther ____	NoOtherCou ____	NoOtherAbx ____	NoOtherVac ____
Comments				
Comments				