

CASE REPORT FORM

Invasive Pneumococcal Disease

Invasive pneumococcal disease	EpiSurv No. EpiSurvNumber
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName <input style="width: 300px;" type="text"/>	
Notifier Identification i	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory ReportSrc <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source ReportName <input style="width: 80px;" type="text"/> Organisation ReportOrganisation <input style="width: 150px;" type="text"/>	
Date reported* <input style="width: 80px;" type="text"/> Laboratory sample date <input style="width: 80px;" type="text"/> Contact phone <input style="width: 80px;" type="text"/> ReportDate SampleDate ReportPhone	
Usual GP UsualGP <input style="width: 80px;" type="text"/> Practice GPPracticeName <input style="width: 80px;" type="text"/> GP phone GPPhone <input style="width: 80px;" type="text"/>	
GP/Practice address Number <input style="width: 40px;" type="text"/> Street <input style="width: 120px;" type="text"/> Suburb <input style="width: 80px;" type="text"/> GPAddress Town/City <input style="width: 120px;" type="text"/> Post Code <input style="width: 40px;" type="text"/> <input type="checkbox"/> GeoCode <input style="width: 40px;" type="text"/>	
Case Identification i	
Name of case* Surname Surname <input style="width: 100px;" type="text"/> Given Name(s) GivenName <input style="width: 150px;" type="text"/>	
NHI number* NHINumber <input style="width: 100px;" type="text"/> Email Email <input style="width: 200px;" type="text"/>	
Current address* Number <input style="width: 40px;" type="text"/> Street <input style="width: 120px;" type="text"/> Suburb <input style="width: 80px;" type="text"/> CaseAddress Town/City <input style="width: 120px;" type="text"/> Post Code <input style="width: 40px;" type="text"/> <input type="checkbox"/> GeoCode <input style="width: 40px;" type="text"/>	
Phone (home) PhoneHome <input style="width: 60px;" type="text"/> Phone (work) PhoneWork <input style="width: 60px;" type="text"/> Phone (other) PhoneOther <input style="width: 60px;" type="text"/>	
Case Demography	
Location TA* TA <input style="width: 100px;" type="text"/> DHB* DHB <input style="width: 100px;" type="text"/>	
Date of birth* DateOfBirth <input style="width: 80px;" type="text"/> OR Age Age <input style="width: 40px;" type="text"/> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits	
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* Occupation <input style="width: 200px;" type="text"/>	
Occupation location PlaceOfWork1Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name PlaceOfWork1 <input style="width: 200px;" type="text"/>	
Address Number <input style="width: 40px;" type="text"/> Street <input style="width: 120px;" type="text"/> Suburb <input style="width: 80px;" type="text"/> PlaceOfWork1Address Town/City <input style="width: 120px;" type="text"/> Post Code <input style="width: 40px;" type="text"/> <input type="checkbox"/> GeoCode <input style="width: 40px;" type="text"/>	
Alternative location PlaceOfWork2Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name PlaceOfWork2 <input style="width: 200px;" type="text"/>	
Address Number <input style="width: 40px;" type="text"/> Street <input style="width: 120px;" type="text"/> Suburb <input style="width: 80px;" type="text"/> PlaceOfWork2Address Town/City <input style="width: 120px;" type="text"/> Post Code <input style="width: 40px;" type="text"/> <input type="checkbox"/> GeoCode <input style="width: 40px;" type="text"/>	
Ethnic group case belongs to* (tick all that apply) i <input type="checkbox"/> NZ European EthNZEuroean <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoa <input type="checkbox"/> Cook Island Maori EthCookIslandMaori <input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan <input type="checkbox"/> Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 <input style="width: 80px;" type="text"/> EthSpecify2 <input style="width: 80px;" type="text"/>	

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Basis of Diagnosis	
CLINICAL PRESENTATION* (i)	
Pneumonia Pneumonia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Bacteraemia without focus Bacteraemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Meningitis Meningitis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Empyema Empyema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Septic Arthritis SepticArthritis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other OtherClinical	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If other, specify OtherClinicalSpecify 	
LABORATORY CRITERIA (i)	
Specimen* (tick all with positive results)	
Blood <input type="checkbox"/> culture BloodCulture	<input type="checkbox"/> NAAT ² BloodNAAT
CSF <input type="checkbox"/> culture CSFCulture	<input type="checkbox"/> antigen detection ¹ CSFAntigenDetection <input type="checkbox"/> NAAT CSFNAAT
Pleural fluid <input type="checkbox"/> culture PleuralFluidCulture	<input type="checkbox"/> antigen detection ¹ PleuralFluidAntDetect <input type="checkbox"/> NAAT PleuralFluidNAAT
Joint fluid <input type="checkbox"/> culture JointFluidCulture	<input type="checkbox"/> NAAT JointFluidNAAT
Other sterile site specimen <input type="checkbox"/> culture OtherSpecimenCulture	<input type="checkbox"/> NAAT OtherSpecimenNAAT
(specify) OtherSpecimenSpecify 	
¹ refer to the case report form instructions ² nucleic acid amplification test	
CLASSIFICATION* Status <input type="radio"/> Under investigation <input type="radio"/> Confirmed <input type="radio"/> Not a case (i)	
ADDITIONAL LABORATORY DETAILS	
Capsular type* AddLab 	
Updated <input type="checkbox"/> AutoUpdated	Laboratory Laboratory
Date result updated SampleDate 	Sample Number SampleNumber
Clinical Course and Outcome	
Date of onset* OnsetDt 	<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised* Hosp <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date hospitalised* HospDt 	<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName 	
Died* Died <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date died* DiedDt 	<input type="checkbox"/> Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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)?*	
<input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No.* OutbrkNo 	

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Risk Factors	
Premature <37 weeks gestation (if case is <1 year of age)* Premature	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Congenital or chromosomal abnormality (includes Down syndrome)* Congenital	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Chronic lung disease or Cystic Fibrosis* ChronicLung	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Anatomical or functional asplenia* Asplenia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Immunocompromised* Immunocompromised	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<i>Includes HIV/AIDS, lymphoma, organ transplant, multiple myeloma, nephrotic syndrome, chronic drug therapy (e.g. chemotherapy or >20 mg/d prednisolone in last year), dysgammaglobulinaemia and sickle cell anaemia.</i>	
Chronic illness* ChronicIllness	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<i>Includes CSF leak, intracranial shunts, diabetes, cardiac disease (angina, MI, heart failure, coronary bypass), pulmonary disease (asthma, bronchitis, emphysema), chronic liver disease, renal impairment and alcohol related.</i>	
Cochlear implants* CochlearImplants	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Current smoker* Smoker	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Smoking in the household (if case is <5 years of age)* HouseholdSmoking	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Attends childcare (if case is <5 years of age)* AttendsChildcare	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<i>Attends childcare (regular attendance >4 hours per week) in a grouped childcare setting outside the home.</i>	
Resident in long term or other chronic care facility* ResidentInCareFacility	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other risk factors including illness that requires regular medical review (specify)* OtherRisk	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Protective Factors	
At any time prior to onset, had the case been immunised with the pneumococcal polysaccharide or pneumococcal conjugate vaccine?* Immunised <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	
If yes, specify vaccination details*	
Source of information* SourceDoses	<input type="radio"/> Patient/caregiver recall <input type="radio"/> Documented
Dose 1:* FirstDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Unknown
Date given* DateFirstDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when first dose was given AgeFirstDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWFirstDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Dose 2:* SecondDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Not given <input type="radio"/> Unknown
Date given* DateSecondDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when second dose was given AgeSecondDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWSecondDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Dose 3:* ThirdDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Not given <input type="radio"/> Unknown
Date given* DateThirdDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when third dose was given AgeThirdDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWThirdDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Dose 4:* FourthDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Not given <input type="radio"/> Unknown
Date given* DateFourthDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when fourth dose was given AgeFourthDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWFourthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Dose 5:* FifthDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Not given <input type="radio"/> Unknown
Date given* DateFifthDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when fifth dose was given AgeFifthDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWFiifthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
Dose 6:* SixthDose	<input type="radio"/> Polysaccharide <input type="radio"/> Conjugate <input type="radio"/> Not given <input type="radio"/> Unknown
Date given* DateSixthDose	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> Or age when sixth dose was given AgeSixthDose <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> YMWSixthDose <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years
NIR Vaccination Status (to be completed by ESR)	
NIRStatus <input type="radio"/> Fully vaccinated for age <input type="radio"/> Partially vaccinated for age <input type="radio"/> Not vaccinated <input type="radio"/> Not applicable	
Date status updated DateNIRUpdated	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> NIR Reference NIRReference <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div>

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Comments*

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