

CASE REPORT FORM

Invasive Pneumococcal Disease

Invasive pneumococcal disease	EpiSurv No. EpiSurvNumber
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName	
Notifier Identification i	
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName Organisation ReportOrganisation	
Date reported* Laboratory sample date Contact phone ReportDate SampleDate ReportPhone	
Usual GP UsualGP Practice GPPracticeName GP phone GPPhone	
GP/Practice address Number Street Suburb GPAddress Town/City Post Code ☐ GeoCode	
Case Identification i	
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 ☐ Unknown	
Occupation* Occupation	
Occupation location PlaceOfWork1Type ☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork1	
Address Number Street Suburb PlaceOfWork1Address Town/City Post Code ☐ GeoCode	
Alternative location PlaceOfWork2Type ☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork2	
Address Number Street Suburb PlaceOfWork2Address Town/City Post Code ☐ GeoCode	
Ethnic group case belongs to* (tick all that apply) i ☐ 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	

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Basis of Diagnosis	
CLINICAL PRESENTATION* (i)	
Pneumonia Pneumonia	☐ Yes ☐ No ☐ Unknown
Bacteraemia without focus Bacteraemia	☐ Yes ☐ No ☐ Unknown
Meningitis Meningitis	☐ Yes ☐ No ☐ Unknown
Empyema Empyema	☐ Yes ☐ No ☐ Unknown
Septic Arthritis SepticArthritis	☐ Yes ☐ No ☐ Unknown
Other OtherClinical	☐ Yes ☐ No ☐ Unknown
If other, specify OtherClinicalSpecify 	
LABORATORY CRITERIA (i)	
Specimen* (tick all with positive results)	
Blood ☐ culture BloodCulture	☐ NAAT ² BloodNAAT
CSF ☐ culture CSFCulture	☐ antigen detection ¹ CSFAntigenDetection ☐ NAAT CSFNAAT
Pleural fluid ☐ culture PleuralFluidCulture	☐ antigen detection ¹ PleuralFluidAntDetect ☐ NAAT PleuralFluidNAAT
Joint fluid ☐ culture JointFluidCulture	☐ NAAT JointFluidNAAT
Other sterile site specimen ☐ culture OtherSpecimenCulture	☐ NAAT OtherSpecimenNAAT
(specify) OtherSpecimenSpecify 	
¹ refer to the case report form instructions ² nucleic acid amplification test	
CLASSIFICATION* Status ☐ Under investigation ☐ Confirmed ☐ Not a case (i)	
ADDITIONAL LABORATORY DETAILS	
Capsular type* AddLab 	
Updated ☐ AutoUpdated	Laboratory Laboratory
Date result updated SampleDate 	Sample Number SampleNumber
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 	

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Risk Factors	
Premature <37 weeks gestation (if case is <1 year of age)* Premature	☐ Yes ☐ No ☐ Unknown
Congenital or chromosomal abnormality (includes Down syndrome)* Congenital	☐ Yes ☐ No ☐ Unknown
Chronic lung disease or Cystic Fibrosis* ChronicLung	☐ Yes ☐ No ☐ Unknown
Anatomical or functional asplenia* Asplenia	☐ Yes ☐ No ☐ Unknown
Immunocompromised* Immunocompromised	☐ Yes ☐ No ☐ 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	☐ Yes ☐ No ☐ 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	☐ Yes ☐ No ☐ Unknown
Current smoker* Smoker	☐ Yes ☐ No ☐ Unknown
Smoking in the household (if case is <5 years of age)* HouseholdSmoking	☐ Yes ☐ No ☐ Unknown
Attends childcare (if case is <5 years of age)* AttendsChildcare	☐ Yes ☐ No ☐ 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	☐ Yes ☐ No ☐ Unknown
Other risk factors including illness that requires regular medical review (specify)* OtherRisk	
Protective Factors	
At any time prior to onset, had the case been immunised with the pneumococcal polysaccharide or pneumococcal conjugate vaccine?* Immunised ☐ Yes ☐ No ☐ Unknown	
If yes, specify vaccination details*	
Source of information* SourceDoses	☐ Patient/caregiver recall ☐ Documented
Dose 1:* FirstDose	☐ Polysaccharide ☐ Conjugate ☐ Unknown
Date given*	Or age when first dose was given ☐ Weeks ☐ Months ☐ Years
DateFirstDose	AgeFirstDose YMWFirstDose
Dose 2:* SecondDose	☐ Polysaccharide ☐ Conjugate ☐ Not given ☐ Unknown
Date given*	Or age when second dose was given ☐ Weeks ☐ Months ☐ Years
DateSecondDose	AgeSecondDose YMWSecondDose
Dose 3:* ThirdDose	☐ Polysaccharide ☐ Conjugate ☐ Not given ☐ Unknown
Date given*	Or age when third dose was given ☐ Weeks ☐ Months ☐ Years
DateThirdDose	AgeThirdDose YMWThirdDose
Dose 4:* FourthDose	☐ Polysaccharide ☐ Conjugate ☐ Not given ☐ Unknown
Date given*	Or age when fourth dose was given ☐ Weeks ☐ Months ☐ Years
DateFourthDose	AgeFourthDose YMWFourthDose
Dose 5:* FifthDose	☐ Polysaccharide ☐ Conjugate ☐ Not given ☐ Unknown
Date given*	Or age when fifth dose was given ☐ Weeks ☐ Months ☐ Years
DateFifthDose	AgeFifthDose YMWFiifthDose
Dose 6:* SixthDose	☐ Polysaccharide ☐ Conjugate ☐ Not given ☐ Unknown
Date given*	Or age when sixth dose was given ☐ Weeks ☐ Months ☐ Years
DateSixthDose	AgeSixthDose YMWSixthDose
NIR Vaccination Status (to be completed by ESR)	
NIRStatus ☐ Fully vaccinated for age ☐ Partially vaccinated for age ☐ Not vaccinated ☐ Not applicable	
Date status updated DateNIRUpdated	NIR Reference NIRReference

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Comments*

Comments