

# CASE REPORT FORM

# Invasive Pneumococcal Disease

Invasive pneumococcal disease _____	EpiSurv No. <u>EpiSurvNumber</u>
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## 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** **GPPracticeName** \_\_\_\_\_ **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  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** \_\_\_\_\_

**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** \_\_\_\_\_

**Basis of Diagnosis**

**CLINICAL PRESENTATION\***

Pneumonia <b>Pneumonia</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Bacteraemia without focus <b>Bacteraemia</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Meningitis <b>Meningitis</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Empyema <b>Empyema</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Septic Arthritis <b>SepticArthritis</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Other <b>OtherClinical</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

If other, specify OtherClinicalSpecify

**LABORATORY CRITERIA**

**Specimen\*** (tick all with positive results)

Blood	<input type="checkbox"/> culture <b>BloodCulture</b>	<input type="checkbox"/> NAAT <sup>2</sup> <b>BloodNAAT</b>
CSF	<input type="checkbox"/> culture <b>CSFCulture</b>	<input type="checkbox"/> antigen detection <sup>1</sup> <b>CSFAntigenDetection</b>
	<input type="checkbox"/> NAAT <b>CSFNAAT</b>	
Pleural fluid	<input type="checkbox"/> culture <b>PleuralFluidCulture</b>	<input type="checkbox"/> antigen detection <sup>1</sup> <b>PleuralFluidAntDetect</b>
	<input type="checkbox"/> NAAT <b>PleuralFluidNAAT</b>	
Joint fluid	<input type="checkbox"/> culture <b>JointFluidCulture</b>	<input type="checkbox"/> NAAT <b>JointFluidNAAT</b>
Other sterile site specimen	<input type="checkbox"/> culture <b>OtherSpecimenCulture</b>	<input type="checkbox"/> NAAT <b>JointFluidNAAT</b>
(specify)	<u>OtherSpecimenSpecify</u>	

<sup>1</sup> refer to the case report form instructions

<sup>2</sup> nucleic acid amplification test

**STATUS\*** **Status**

Under investigation     Confirmed     Not a case

**ADDITIONAL LABORATORY DETAILS**

Capsular type\* AddLab

ESR 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

**Risk Factors**

**Premature <37 weeks gestation (if case is <1 year of age)\* **Premature****  Yes  No  Unknown

**Congenital or chromosomal abnormality (includes Down's 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  
*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.*

**Chronic illness\* **ChronicIllness****  Yes  No  Unknown  
*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.*

**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  
*Attends childcare (regular attendance >4 hours per week) in a grouped childcare setting outside the home.*

**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\* **DateFirstDose** Or age when first dose was given **AgeFirstDose**  Weeks  Months  Years  
**YMWFirstDose**

**Dose 2:\***  Polysaccharide  Conjugate  Not given  Unknown

Date given\* **DateSecondDose** Or age when second dose was given **AgeSecondDose**  Weeks  Months  Years  
**YMWSecondDose**

**Dose 3:\***  Polysaccharide  Conjugate  Not given  Unknown

Date given\* **DateThirdDose** Or age when third dose was given **AgeThirdDose**  Weeks  Months  Years  
**YMWThirdDose**

**Dose 4:\***  Polysaccharide  Conjugate  Not given  Unknown

Date given\* **DateFourthDose** Or age when fourth dose was given **AgeFourthDose**  Weeks  Months  Years  
**YMWFourthDose**

**Dose 5:\***  Polysaccharide  Conjugate  Not given  Unknown

Date given\* **DateFifthDose** Or age when fifth dose was given **AgeFifthDose**  Weeks  Months  Years  
**YMWFifthDose**

**Dose 6:\***  Polysaccharide  Conjugate  Not given  Unknown

Date given\* **DateSixthDose** Or age when sixth dose was given **AgeSixthDose**  Weeks  Months  Years  
**YMWSixthDose**

**NIR Vaccination Status (to be completed by ESR)**

Fully vaccinated for age  Partially vaccinated for age  Not vaccinated  Not applicable

Date status updated **DateNIRUpdated** NIR Reference **NIRReference**

**Comments\***

Comments