

## INVASIVE PNEUMOCOCCAL DISEASE

Basis of Diagnosis	
<b>CLINICAL PRESENTATION</b>	
Clinical presentation	<p>Depending on the site(s) of infection, <i>Streptococcus pneumoniae</i> invasive disease has different clinical presentations (e.g. pneumonia, bacteraemia, or meningitis).</p> <p>Ideally, obtain information on all of the clinical presentations listed. If the presentation was present, record by ticking the "Yes" box. If not, tick the "No" box. If not known or unavailable then tick the "Unknown" box.</p> <p>Specify any other clinical presentation which is not listed.</p>
<b>LABORATORY CRITERIA</b>	
Laboratory confirmation	<p>Tick the appropriate box(es) to indicate the specimen site and method of identification.</p> <p>Specify the site and method of identification for any other sterile site specimens not listed.</p>
<b>STATUS</b>	
Status	<p>Under investigation - A case that has been notified but information is not yet available to classify as confirmed.</p> <p>Confirmed – <i>S. pneumoniae</i> cultured or detected by NAAT (nucleic acid amplification test) from blood, CSF, or other normally sterile site; or a positive newer generation <i>S. pneumoniae</i> antigen test (i.e. Binax NOW test) on CSF.</p> <p>Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.</p> <p>(Note: Only laboratory confirmed cases should be notified. A confirmed case requires laboratory definitive evidence only.</p> <p>At present, NAATs are infrequently performed in cases of suspected pneumococcal disease, but have been included on the case report form for completeness.)</p>

<b>ADDITIONAL LABORATORY DETAILS</b>	
Capsular type	Indicate the capsular type as reported by the ESR Reference Laboratory (this field will be updated directly by ESR and closed to users).
ESR updated	A flag to indicate that the laboratory results have been updated by ESR (closed to users).
Laboratory	The name of the laboratory from where the results originated (closed to users).
Sample number	The laboratory sample number (closed to users).
Date result updated	The date the result fields were updated (closed to users).
<b>Risk Factors</b>	
Premature <37 weeks gestation (if case <1 year of age)	If the case is under 1 year old, indicate whether the case was less than 37 weeks gestation.
Congenital or chromosomal abnormality	Indicate whether the case has a congenital or chromosomal abnormality. This includes Down's syndrome.
Chronic lung disease or Cystic Fibrosis	Indicate if the case has chronic lung disease or Cystic Fibrosis.
Anatomical or functional asplenia	Indicate if the case has anatomical or functional asplenia.
Immunocompromised	Indicate whether the case was immunocompromised at the time of infection e.g. 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	Indicate if the case suffers from a chronic illness including 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	Indicate if the case has cochlear implants.
Current smoker	Indicate if the case is a current smoker.
Smoking in the household (if case <5 years of age)	If the case is under 5 years of age, indicate if other household members smoke.
Attends childcare (if case <5 years of age)	If the case is under 5 years of age, indicate if the case attends regular childcare (>4 hours per week) in a grouped childcare setting outside the home.
Resident in long term or other chronic care facility	Indicate if the case is a resident in a long term or other chronic care facility.
Other risk factors including illness that requires regular medical review	Specify any other risk factors for invasive pneumococcal disease.

<b>Protective Factors</b>	
Vaccination	At any time has the case been immunised with a pneumococcal polysaccharide or pneumococcal conjugate vaccine? If “yes” then, specify which vaccine was given, how many doses and when. Also record the source of the information.
NIR Vaccination Status	This section will be completed by ESR with details from the National Immunisation Register (NIR).