

CASE REPORT FORM

Haemophilus Influenzae Type b Disease

Haemophilus Influenzae Type b Disease _____	EpiSurv No. EpiSurvNumber _____
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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 **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

Case Identification

Name of case* Surname **Surname** _____ Given Name(s) **GivenName** _____

NHI number* **NHINumber** _____ **Email** **Email** _____

Current address*

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

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 **occupation_place_type** Place of Work School Pre-school

Name **occupation_place_name** _____

Address

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

Alternative location **occupation_place_type** Place of Work School Pre-school

Name **occupation_place_name** _____

Address

Number **houzenumber** Street **streetname** Suburb **suburb**

Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

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

NZ European **EthNZEuropan**
 Maori **EthMaori**
 Samoan **EthSamoan**
 Cook Island Maori **EthCookIslandMaori**
 Niuean **EthNiuean**
 Chinese **EthChinese**
 Indian **EthIndian**
 Tongan **EthTongan**
 Other (such as Dutch, Japanese, Tokelauan) *(specify) **EthOther** **EthSpecify1** _____ **EthSpecify2** _____

Basis of Diagnosis**CLINICAL CRITERIA**Fits Clinical Description* **FitClinDes** Yes No Unknown**Clinical features**Meningitis* **Meningitis** Yes No Unknown **Septicaemia* Septicaemia** Yes No UnknownEpiglottitis* **Epiglottitis** Yes No Unknown **Pneumonia* Pneumonia** Yes No UnknownOther invasive illness*(specify) **OthInvas** _____**LABORATORY CRITERIA**Isolation of *H. influenzae type b* from CSF* **IsolCSF** Yes No Not Done Awaiting ResultsIsolation of *H. influenzae type b* from blood* **IsolBlood** Yes No Not Done Awaiting ResultsIsolation of *H. influenzae type b* from other site* **IsolOth** Yes No Not Done Awaiting Results(specify site)* **OthSite** _____Gram negative bacilli of characteristic appearance* **GramNeg** Yes No Not Done Awaiting Results(specify site)* **GramNegSite** _____Detection of *H. influenzae type b* antigen* **Antigen** Yes No Not Done Awaiting Results(specify site)* **AntigenSite** _____***STATUS 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 UnknownDate hospitalised* **HospDt** _____ Unknown **HospDtUnknown**Hospital* **HospName** _____Died* **Died** Yes No UnknownDate died* **DiedDt** _____ UnknownWas this disease the primary cause of death?* **DiedPrimary** Yes No UnknownIf 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 *H. influenzae type b* disease in 60 days before onset?* **ContCase** Yes No UnknownIf yes, was prophylaxis offered?* **ProphOffer** Yes No UnknownIf yes, was prophylaxis taken?* **ProphTake** Yes No UnknownName of presumptive case?* **ContName** _____Attendance at school, pre-school or childcare* **AttendSch** Yes No UnknownOther risk factor for *H. influenzae type b* disease?* **RiskOthSpecify** _____

Protective Factors

At any time prior to onset, had the case been immunised with *H. influenzae type b* 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* _____ **FirstDose** Or age when first dose given ___ **AgeFirstDose** Weeks Months Years **YMWFirstDose**

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 second dose given ___ **AgeSecndDose** Weeks Months Years **YMWSecndDose**

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 third dose given ___ **AgeThirdDose** Weeks Months Years **YMWThirdDose**

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 fourth dose given ___ **AgeFourthDose** Weeks Months Years **YMWFourthDose**

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	___ NoOtherAbx	___ NoOtherVac

Comments

Comments