

# CASE REPORT FORM

# Invasive Pneumococcal Disease

Invasive pneumococcal disease _____	EpiSurv No. <b>EpiSurvNumber</b> _____
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<b>Reporting Authority</b>	
Name of Public Health Officer responsible for case <b>OfficerName</b> _____	
<b>Notifier Identification</b>	
<b>Reporting source*</b> <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <b>ReportSrc</b> <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source <b>ReportName</b> _____ <b>Organisation</b> <b>ReportOrganisation</b> _____	
Date reported* <b>ReportDate</b> _____ <b>Contact phone</b> <b>ReportPhone</b> _____	
Usual GP <b>UsualGP</b> _____ <b>Practice</b> <b>GPPpracticeName</b> _____ <b>GP phone</b> <b>GPPhone</b> _____	
<b>GP/Practice address</b> Number <b>houenumber</b> Street <b>streetname</b> Suburb <b>suburb</b> Town/City <b>towncity</b> Post Code <b>postco...</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
<b>Case Identification</b>	
Name of case*    Surname <b>Surname</b> Given Name(s) <b>GivenName</b> _____	
<b>NHI number*</b> <b>NHINumber</b> <b>Email</b> <b>Email</b> _____	
<b>Current address*</b> Number <b>houenumber...</b> Street <b>streetname</b> Suburb <b>suburb</b> Town/City <b>towncity</b> Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
<b>Phone (home)</b> <b>PhoneHome</b> <b>Phone (work)</b> <b>PhoneWork</b> <b>Phone (other)</b> <b>PhoneOther</b> _____	
<b>Case Demography</b>	
<b>Location</b> <b>TA*</b> <b>TA</b> _____ <b>DHB*</b> <b>DHB</b> _____	
<b>Date of birth*</b> <b>DateOfBirth</b> _____ <b>OR</b> <b>Age</b> <b>Age</b> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>	
<b>Sex*</b> <b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
<b>Occupation*</b> <b>Occupation</b> _____	
<b>Occupation location</b> <b>occupation_place_type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> <b>occupation_place_name</b> _____	
<b>Address</b> Number <b>houenumber...</b> Street <b>streetname</b> Suburb <b>suburb</b> Town/City <b>towncity</b> Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
<b>Alternative location</b> <b>occupation_place_type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> <b>occupation_place_name</b> _____	
<b>Address</b> Number <b>houenumber</b> Street <b>streetname</b> Suburb <b>suburb</b> Town/City <b>towncity</b> Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>	
<b>Ethnic group case belongs to*</b> (tick all that apply)	
<input type="checkbox"/> NZ European <b>EthNZEuropan</b> <input type="checkbox"/> Maori <b>EthMaori</b> <input type="checkbox"/> Samoan <b>EthSamoa</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b> <input type="checkbox"/> Niuean <b>EthNiuean</b> <input type="checkbox"/> Chinese <b>EthChinese</b> <input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b> <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)    *(specify) <b>EthOther</b> <b>EthSpecify1</b> _____ <b>EthSpecify2</b> _____	

**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
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"/> NAAT <b>PleuralFluidNAAT</b>
Joint fluid	<input type="checkbox"/> culture <b>JointFluidCulture</b>	<input type="checkbox"/> NAAT <b>JointFluidNAAT</b>
Other sterile site specimen (specify)	<input type="checkbox"/> culture <b>OtherSpecimenCulture</b>	<input type="checkbox"/> NAAT <b>OtherSpecimenNAAT</b>
	<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 \_\_\_\_\_  Weeks  Months  Years  
**AgeFirstDose** **YMWFirstDose**

**Dose 2:\*** **SecondDose**  Polysaccharide  Conjugate  Unknown

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

**Dose 3:\*** **ThirdDose**  Polysaccharide  Conjugate  Unknown

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

**Dose 4:\*** **FourthDose**  Polysaccharide  Conjugate  Unknown

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

**Dose 5:\*** **FifthDose**  Polysaccharide  Conjugate  Unknown

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

**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**

**Comments\***

**Comments**