<u>F</u>	Surv	rveillance Form for Invasive Haemophilus influenzae					
Rédhreennacht na Seirbhise Shirte Health Service Executive		V ersi	on 7.0 (page 1)				
A. PATIENT DETAILS							
Patient forename			Patient surname				
Patient address			Hospital name				
HSE area	County		Hospital number				
Phone			Treating Physician	n Laboratory Occupational	Health GP		
Creche, School, College Address				Public Health Hospital clinic source, please specify:	cian Other		
Work address							
B. SO	CIODEMOGRAPHI	C DETAILS					
Sex Male	Female		Da	te of Birth			
	ee note at end of page	2)					
Irish	Ch	inese	Co	untry of birth	200		
Irish Travelle		y other Asian background		Ireland Other (please specify	23/05/2018		
Any other Wr	nite background Ro	ma		untry of infaction	30		
		please specify		untry of infection Ireland Other (please specify			
					······································		
Occupation				Di-Linked Yes No			
Educational Sett	ing		c t	bi-Linked Yes No			
Creche	Secondar		Outbreak		nse.		
Primary Scl	nool 3 rd Level	Not applic	able identifier				
C. CL	NICAL DETAILS				routine		
Clinical Diagnosis	5		DAT	E			
Pneumonia	Bacteraemia w	vithout focus ADMIS	SION	ICU admission			
Septic arthriti	s Other, please s	specify:					
Septicaemia		DISCH	IARGE	No. days in ICU	dree		
Meningitis +Septicaemia	a				Ă		
D. RIS	K FACTORS (to be	e obtained if possible)					
		Risk factors identifed?	Yes No	Unk Under investigation			
Please fill in all			Spec	ify details			
Any chronic	medical condition						
Hx of previo	ous invasive bacterial						
Immunosup illness	pressive						
Post hemat transplant	opoietic stem cell						
	pressive therapies						
Compleme properidin	nt/antibody or deficiency						
Cochlear in	nplant						
Other risk f	actors						
Contact with pr	Contact with previous case Yes No Unknown						
If yes, please specify contact details and time and if coupled with chemoprophylaxis and/or vaccination							
I					1		

Surveillance Form for Invasive Haemophilus influenzae								
Redmennander in Sentise Strate								
E. LABORATORY INVESTIGATIONS (provided by Reference laboratory)								
Specimen type Method 1 Pos Neg Nog Blood Culture Culture Image: Culture	Image: Done Method 2 Pos Neg Not Done PCR PCR PCR PCR PCR PCR PCR PCR PCR PCR PCR PCR	Method 3 Specify details Pos Neg Not Done Antigen/Other						
Specimen Type 1 & Date								
Isolate sent to reference laboratory? Yes No Unknown Reference lab name								
F. VACCINATION OF INDEX	CASE (For HiB cases only)							
HiB Vaccination Status Vaccinated Incompletely Vaccina Vaccination Date Vaccination Date 1 st dose		wn Number of Doses Received						
Outcome at time of discharge Died Long-term sequelae Recovering Recovered Still ill	Due to this ID (primary) Not due to this ID Awaiting coroner's report Not known	died, was this disease the primary cause of death?						
Please ensure that all of the above enhanced details are entered on to CIDR								
Note regarding ethnic identifier: This should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator.								

Fittmennante na Steldwise Slänte Surveillance Form for Invas Keithmennante na Steldwise Slänte Version 7.	hose					
H. CASE MANAGEMENT FOR HIB INFECTIONS ON	LY (For local use only)					
Index Case Chemoprophylaxis	If chemoprophylaxis given to index case, please give details					
Yes No Unknown						
Index Date of Chemoprophylaxis						
	IV/IM antibiotics given to index case prior to hospital admission					
Index case recommended vaccination for a specific						
	IV/IM chemoprophylaxis given to index case before discharge					
Yes No Unknown If not given, give reason:						
	Results of Normal Abnormal Unknown					
	immunological Properidin					
Yes No Unknown	assessment of Complement					
Immunological assessment recommended?	Other details, if known					
Immunological assessment undertaken?	α					
I. CONTACT TRACING (For local use only)						
Chemoprophylaxis of Case Contacts No. of Case Contacts Recommede						
Yes No Unknown No. of Case Contacts Give	en Chemoprophylaxis No. Given Vaccination					
Number of Close Contacts Identified	Comments					
Family Household Sexual						
Other Relatives Childcare/Carer						
Other						
J. ADDITIONAL DETAILS (For local use only)	·					
Parent/guardian name	GP's name					
	<u>ا</u>					
Parent/guardian 's address	SP's address					
Parent/guardian phone C	GP's phone					
Form						
Completed By						
Position						
Contact Phone	Date completed					
Thank you for completing this form. Please return the completed form to your local						
• • •						
Department of Public Health						
List of Chronic Medical Conditions as specified by National Immunisation Advisory Committee are provided in the NIAC document available at						
	http://www.hse.ie/portal/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html					





Case Definition: Haemophilus influenzae (invasive) (blood, CSF or other normally sterile site)) Clinical criteria Any person with clinical picture compatible with invasive disease, i.e. bacteraemia, meningitis, arthritis, epiglottitis, osteomyelitis or cellulitis Laboratory criteria At least one of the following two: - Isolation of Haemophilus influenzae from a normally sterile site - Detection of Haemophilus influenzae nucleic acid from a normally sterile site Typing of the isolates should be performed **Epidemiological criteria** NA **Case classification** A. Possible case A case with clinical epiglottis without any laboratory confirmation or with identification only from a non-sterile site B. Probable case NA C. Confirmed case Any person meeting the laboratory criteria Source: HPSC Case Definitions for Notifiable Diseases, 2012; http://www.hpsc.ie/hpsc/ NotifiableDiseases/CaseDefinitions/

ADDITIONAL COMMENTS