

Invasive Pneumococcal Disease Case Questionnaire

PHU staff can enter data directly into NCIMS. This questionnaire can be used to assist with data collection if preferred but is not a requirement. If this questionnaire is completed, please attach it to the NCIMS event and complete NCIMS fields. If information is not known or unavailable- enter NCIMS field as "unknown".

SUMMARY

NCIMS ID:

PHU:

Source of information: **Select all that apply**

- Diagnosing doctor (specify name of medical practitioner and date/s):
- Hospital (specify name of medical practitioner and date/s):
- Laboratory (specify name of medical practitioner and date/s):

SECTION 1: Patient details

First name:

Last name:

Date of birth:

Age (years):

Sex at birth: Male Female Another term (specify):

Current gender: Male Female Non-binary Another term (specify):

Street address:

Suburb:

Postcode:

State:

Country of birth:

Australia Other (specify):

Main language spoken at home?

English Other (specify):

Does the patient identify as being of Aboriginal and/or Torres Strait Islander origin?

Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither

SECTION 2: Surveillance information

Laboratory

Name of the laboratory:

Date of specimen collection:

Specimen type: **Select all that apply**

- Blood
- CSF
- Pus
- Aspirate
- CSF
- Brain
- Joints (synovial tissue)
- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Choroid plexus/Meninges
- Biopsy
- Swab
- Other (specify):

Test type

Culture PCR

Serotype

- Yes (specify):
- Untypable
- Not typed
- Unknown

SECTION 3: Disease**Onset date of symptoms (if known):****Were any of the following signs or symptoms present? *Select all that apply***

- | | | |
|---|--|---|
| <input type="checkbox"/> No symptoms | <input type="checkbox"/> Fever | <input type="checkbox"/> Cellulitis |
| <input type="checkbox"/> Bacteraemia | <input type="checkbox"/> Dyspnoea | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Chills or rigours | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Pneumonia confirmed by X-ray | <input type="checkbox"/> Cough | <input type="checkbox"/> Other (specify): |

Site of infection

- | | |
|---|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Pericardium |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Peritoneum |
| <input type="checkbox"/> Empyema | <input type="checkbox"/> Pleural |
| <input type="checkbox"/> Synovial fluid | <input type="checkbox"/> Choroid plexus/Meninges |
| <input type="checkbox"/> Joints (synovial tissue) | <input type="checkbox"/> Other (specify): |

Disease Outcome

Where was the patient initially diagnosed?

- | | |
|---|---|
| <input type="checkbox"/> Public hospital | <input type="checkbox"/> General practice |
| <input type="checkbox"/> Private hospital | |
| <input type="checkbox"/> Laboratory | |

Is the patient currently hospitalised?

- Yes (specify service):
 Date of admission:
 Date of discharge:
 No
 Unknown

Admitted to HDU/ICU?

- Yes (specify service):
 No
 Unknown

Outcome

- Alive
 Died
 Unknown Date of death:

IPD is cause of death

- Alive
 Died
 Unknown

Was treatment commenced?

- Yes If yes, date treatment commenced:
 No

Antibiotic susceptibilities**Penicillin**

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Susceptible | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Resistant |
|--------------------------------------|---------------------------------------|------------------------------------|

Cefotaxime/Ceftriaxone

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Susceptible | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Resistant |
|--------------------------------------|---------------------------------------|------------------------------------|

SECTION 4: Risk information

To complete risk information refer to notes* below

- 1. **Premature <37 weeks of gestation?**
 Yes No Unknown Specify gestational age:
- 2. **Congenital or chromosomal abnormality?**
 Yes No Unknown
- 3. **Chronic lung disease or Cystic Fibrosis?**
 Yes No Unknown
- 4. **Attends childcare centre?**
 Yes No Unknown Specify:
- 5. **Anatomical or functional dysplasia?**
 Yes No Unknown
- 6. **Immunocompromised?**
 Yes No Unknown Specify:
- 7. **Chronic illnesses?**
 Yes No Unknown Specify:
- 8. **Other illnesses?**
 Yes No Unknown Specify:
- 9. **Smoking**
 Yes No Unknown

Where was the infection most likely acquired?
 NSW Interstate (specify state/territory):
 Unknown Overseas (specify country):

SECTION 5: Vaccination History

Source of information:
 AIR Health record or blue book Patient or parent self-recall General practitioner

Vaccination dates	Vaccine type	Vaccine status
1 st		Fully vaccinated
2 nd		Partially vaccinated
3 rd		Not vaccinated
4 th		Unknown

SECTION 6: Additional notes

SECTION 7: Administration

Completed by **Date finalised:** **PHU:**

*Notes for section 4
 .Congenital or chromosomal abnormality includes Down's syndrome.
 .Immunocompromised including HIV/AIDS, lymphoma, organ transplant, multiple myeloma, multiple myeloma, nephrotic syndrome, chronic drug therapy (e.g.: chemotherapy or >20mg/d prednisolone in last year), dysgammaglobulinaemia and sickle cell anaemia.
 .Attends childcare regular attendance (>4hrs week) in a grouped childcare setting outside the home.
 .Chronic illness including CSF leak, intracranial shunts and cochlear implants, diabetes, cardiac disease (angina, MI, heart failure, coronary bypass) pulmonary disease (asthma, bronchitis, emphysema), chronic liver disease, renal impairment and alcohol related.
 .Other illness includes any illness that requires regular medical review.
 For more information: NSW Health Public Health Control Guideline for Invasive Pneumococcal Disease (<https://www.health.nsw.gov.au/Infectious/controlguideline/Pages/pneumo.aspx>)