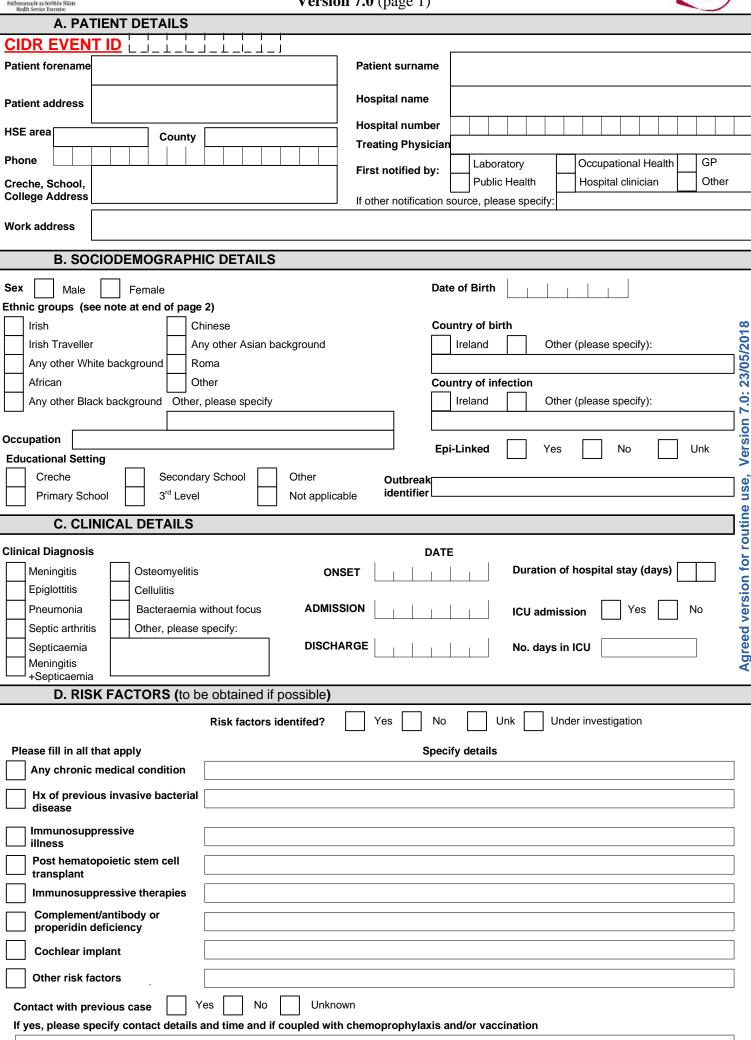
Peillmeannacht na Seirbhise Stärte Health Service Executive	Surveillance Form for Invasive <i>Haemophilus influenzae</i> Version 7.0 (page 1)					
A. PATI	ENT DETAILS					
CIDR EVENT		_		-		
Patient forename		Patient surname				
Patient address		Hospital name				
HSE area		Hospital number				
	County	Treating Physician				
Phone		First notified by:	Laboratory	Occupation		
Creche, School,		i ii st notined by.	Public Health	Hospital of		
College Address		If other notification se	ource, please specify:			





Surveillance Form for Invasive *Haemophilus influenzae* Version 7.0 (page 2)



Reithmeannacht na Seithfale Minne Health Service Executive. Version 7.0 (page 2)						
E. LABORATORY INVESTIGATIONS (provided by Reference laboratory)						
Specimen type Method 1 Pos Neg Not Done Method 2 Pos Neg Not Done Method 3 Specify details Pos Neg Not Done Neg Neg Not Done Neg Neg Not Done Neg Neg Not Done Neg Neg Neg Not Done Neg Neg	Done					
Blood Culture PCR Antigen/Other Antigen/Other PCR Antigen/Other PCR Antigen/Other PCR Antigen/Other Antigen/Other PCR Antigen/Other Antigen/Other Antigen/Other PCR Antigen/Other PCR Antigen/Other PCR Antigen/Other PCR Antigen/Other PCR						
Please specify details of other sterile fluid: Specimen Type 1 & Date	_					
Isolate sent to reference laboratory? Yes No Unknown Reference lab name Primary lab name Case Classification Confirmed Probable Possible						
Organism Name & Type PCR Only Diagnosis? MLST Result Yes No Unknown						
F. VACCINATION OF INDEX CASE (For HiB cases only)						
HiB Vaccination Status Vaccinated Incompletely Vaccinated Unvaccinated Unknown Number of Doses Received Vaccination Date Brand Batch Number 1st dose 2nd dose 3rd dose 4th dose 1	Version 7.0: 23/05/20°					
G. OUTCOME	je,					
Outcome at time of discharge Died Long-term sequelae Recovering Recovered Still ill Died Due to this ID (primary) Not due to this ID Awaiting coroner's report Not known Please ensure that all of the above enhanced details are entered on to CIDR	Agreed version for routine use,					
The state of the time time time to the time time time time time time time tim	gre					
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.						



Surveillance Form for Invasive ${\it Haemophilus\ influenzae}$ **Version 7.0** (page 3)



CIDR EVENT ID						
H. CASE MANAGEMENT FOR HIB INFECTIONS C	NLY (For local use only)					
Index Case Chemoprophylaxis	If chemoprophylaxis given to index case, please give details					
Yes No Unknown						
Index Date of Chemoprophylaxis						
Index case recommended vaccination for a specific	IV/IM antibiotics given to index case prior to hospital admission Yes No Unknown					
type?						
Yes No Unknown If not given, give reason:	IV/IM chemoprophylaxis given to index case before discharge					
	Yes No Unknown					
	Results of Normal Abnormal Unknown					
	immunological Properidin assessment of					
Yes No Unknow	n index case 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 Recomme						
Yes Unknown No. of Case Contacts Gi						
Number of Close Contacts Identified						
Family Household Sexual						
Other Relatives Childcare/Carer						
Other						
J. ADDITIONAL DETAILS (For local use only)						
Parent/guardian name	GP's name					
Parent/guardian 's address						
i areninguarulan s address	GP's address					
Parent/guardian phone	GP's phone					
Form						
Completed By						
Position						
Contact Phone	Date completed					
CONTROLL						
Thank you for completing this form. Please return the completed form to your local						
Department of Public Health						
Department of	Public Health					
Department of	Public Health					

provided in the NIAC document available at http://www.hse.ie/portal/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html



Surveillance Form for Invasive *Haemophilus influenzae* **Version 7.0** (page 4)



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

Agreed version for routine use, Version 7.0: 23/05/2018