



Invasive Pneumococcal Disease (IPD) Enhanced Surveillance Form

v9.2 – 05 September 2016



PATIENT DETAILS

CIDR Event ID No.

Patient's name

Patient's address

Patient's phone

Source of notification Laboratory Clinician Name of notifier

Date of notification

Sex: 1-Male 2-Female 3-Unk

County HSE Area LHO

Country of birth Ethnicity†

Accommodation type† 1-stable 2-institution 3-homeless 4-unstable

DOB Age

If infant < 6 mo - gestational age at birth (weeks)

Birth weight (kg)

CLINICAL DETAILS

Date of onset of symptoms NK

	Yes	No	NK
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic shock†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empyema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSI*^ with pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSI*^ without focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSI*^ with other focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospitalised ICU admission No. days in ICU

Name of hospital

Hospital number

Ward name

Consultant name

Date hospitalised Duration of hospital stay (days)

Date discharged

If other focus, please specify

MEDICAL RISK FACTORS **

	Yes	No	Under Investigation	NK
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse (current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal disease/nephrotic syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hx of previous invasive bacterial disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunosuppressive condition/therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify condition/therapy <input type="text"/>				

Asplenia or splenic dysfunction

Complement deficiency

CSF leaks (congenital or acquired)

Intracranial shunt

Recipient of cochlear implant

Contact with another IPD case

Recent confirmed influenza infection

Recent ILI (unconfirmed)

Other risk factors† (see pg 3)

If other, please specify

Dates:

VACCINATION

PCV vaccination status: Vaccinated Incompletely vaccinated Unvaccinated NK

Dates PCV vaccinations	Name/Type/Brand	Batch Numbers	Source information
1st dose <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2nd dose <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3rd dose <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4th dose <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

1 = GP record
2 = HSE record
3 = Parent recall
4 = Parent report
5 = Self report
6 = Unknown
7 = Other

PPV vaccination status: Vaccinated (1 dose) Vaccinated (>1 dose) Unvaccinated NK

Date PPV vaccination	Name/Type/Brand	Batch Numbers	Source information:
Most recent vaccination <input type="text"/>	<input type="text"/>	<input type="text"/>	Key code as defined for PCV, above
Previous vaccination* <input type="text"/>	<input type="text"/>	<input type="text"/>	

Influenza vaccination status: Vaccinated seasonal vaccine Unvaccinated NK

Source information: Key code as defined for PCV, above

LABORATORY

	Pos	Neg	Not Done		Pos	Neg	Not Done
Blood culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other sterile fluid culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSF culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other sterile fluid PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSF PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sterile site antigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Please specify other fluid site

Please specify sterile site

Please specify other fluid site

Other laboratory tests:

Date 1st positive specimen Isolate sent to reference laboratory? Yes No NK

Reference lab name: Serotype

*NK=Not known

*^ BSI = blood stream infection

†for definitions see page 3

** (see NIAC Guidelines for additional information)

OUTCOME (at time of discharge)

Recovered Recovering Still ill Long-term sequelae Died NK

If died: Date of death Was death due to IPD? Yes No NK

Further details on outcome

Case Classification: Confirmed Unknown

Additional details

Parent/guardian name

Parent/guardian phone

GP's name

GP's address

GP's phone

Comments/other notes

Form completed by:

Position

Date completed

Thank you for completing this form. Please return the completed form to your local Department of Public Health

Follow-up Notes, for Department of Public Health use only

Was vaccination recommended? Yes No NK

Was vaccination initiated as per NIAC recommendations? Yes No NK

Immunological assessment recommended? Yes No NK

Immunological assessment undertaken?

Complement assays (C1, C2, C3, C4, CH50)

Immunoglobulin assay results (IgG, IgM, IgA)

	Normal	Abnormal	NK
IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal	NK
C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CH50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Serotype specific pneumococcal antibody

Date taken (1)

Serotype specific pneumococcal antibody

Date taken (2)

DEFINITIONS

Case Definition: *Streptococcus pneumoniae* infection (invasive) amended July 2015 (*Streptococcus pneumoniae* (blood, CSF or other normally sterile site))

Clinical criteria

Not relevant for surveillance purposes

Laboratory criteria for a confirmed case

At least one of the following three:

- Isolation of *S. pneumoniae* from a normally sterile site
- Detection of *S. pneumoniae* nucleic acid from a normally sterile site
- Detection of *S. pneumoniae* antigen from a normally sterile site

Epidemiological criteria: Not applicable

Case classification

- A. **Possible case:** Not applicable
- B. **Probable case:** Not applicable
- C. **Confirmed case:** Any person meeting the laboratory criteria for a confirmed case

Source: HPSC Case Definitions for Notifiable Diseases, 2012; <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/>

Ethnicity

According to CSO classification

Accommodation description

- 1- Stable; living at own home regularly
- 2- Institution; living in long terms care facility, nursing home, hospital
- 3- Homeless; no fixed abode, may live in hostel(s) or on the street
- 4- Unstable; temporary home address but is reported as temporary (e.g. with friend or relative short term)

Risk factors

May include substance abuse (specify injection drug use (IDU) or other use); or occupational or exposure risk (welders/welding)
Recent ILI (unconfirmed) please specify dates
Alcohol abuse (more than national recommendations)

Clinical signs of Septic Shock

Septic shock is a potentially lethal drop in blood pressure due to the presence of bacteria in the blood. Septic shock is usually preceded by bacteremia. The first sign of shock is often confusion and decreased consciousness. In this beginning stage, the extremities/peripheries are usually warm. Later, they become cool, pale, and bluish. Fever may give way to lower than normal temperatures later on in sepsis.

Other symptoms include:

- rapid heartbeat (tachycardia)
- shallow, rapid breathing (tachypnoea)
- decreased urine output
- reddish patches in the skin

Septic shock may progress to cause "adult respiratory distress syndrome," in which fluid collects in the lungs, and breathing becomes very shallow and laboured. This condition may lead to ventilatory collapse, in which the patient can no longer breathe adequately without assistance.

Empyema thoracis

The presence of pus in the pleural space. Empyema is often a complication of bacterial pneumonia. The diagnosis has to be confirmed with laboratory tests (pleural fluid aspirate normally). The pleural fluid aspirate will normally have increased leucocytes, a high level of protein, and low glucose. Microbiology investigations are also undertaken and include the isolation of *S. pneumoniae* or detection of *S. pneumoniae* nucleic acid or antigen from pleural fluid. In some cases, the color, smell, or consistency of the tissue fluid also helps to confirm the diagnosis.