Date of Notification: ____ /____ /____ (dd mm yyyy) **Case ID No:** [ ]

Invasive Pneumococcal Infection
Enhanced surveillance form

Case definition: *Streptococcus pneumoniae* detected by culture or nucleic acid testing from blood, CSF or other sterile site.

PATIENT DETAILS

Name : *(First two letters)* [ ][ ] Family name [ ][ ] Given name

Date of birth : ____ / ____ / ____ (dd mm yyyy)

Sex : ☐ Male ☐ Female

Post code: [ ][ ][ ][ ]

Aboriginal/Torres Strait Islander: ☐ No ☐ Yes ☐ Unknown

CLINICAL DETAILS

Date of onset : ____ / ____ / ____ (dd mm yyyy)

Clinical presentation :
☐ Pneumonia ☐ Unknown
☐ Meningitis ☐ Other ______________________ (please specify)
☐ Bacteraemia

Outcome : ☐ Alive ☐ Died Date: ____ / ____ / ____

Risk Factors:

- Preterm delivery (<37 weeks) ☐ No ☐ Unknown ☐ Yes - _____ *weeks* ☐ N/A
- Congenital abnormality ☐ No ☐ Unknown ☐ Yes → *specify:* ______________
- Asplenia - anatomical/functional ☐ No ☐ Unknown ☐ Yes → *specify:* ______________
- Immunocompromised ☐ No ☐ Unknown ☐ Yes → *specify:* ______________
  eg. HIV, lymphoma, multiple myeloma, nephrotic syndrome
- Chronic disease ☐ No ☐ Unknown ☐ Yes → *specify:* ______________
  eg. cardiac, pulmonary, liver disease, diabetes (IDDM / NIDDM), CSF leak
- Other *eg. excessive alcohol intake* ☐ No ☐ Unknown Yes → *specify:* ______________

VACCINATION DETAILS

Pneumococcal vaccine status:
☐ Fully vaccinated for age ☐ Not vaccinated
☐ Partially vaccinated for age ☐ Unknown

Vaccination type & dates:

Dates vaccine administered:

Vaccine	Dates
☐ Conjugate (Prevenar)	1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____
☐ Polysaccharide (Pneumovax)	1. ____ / ____ / ____
☐ Unknown	1. ____ / ____ / ____

Validation of vaccination(s):
☐ Confirmed → ☐ ACIR ☐ HDWA ☐ Doctor/clinic
☐ Not confirmed - Self or parental recall only
☐ Unknown/ no information

MICROBIOLOGY DETAILS

Date of specimen collection: ____ / ____ / ____ **Date of lab report:** ____ / ____ / ____

Specimen details: *Please indicate specimen(s) taken and mode of laboratory diagnosis*

Specimen	Culture	PCR	Not detected
☐ Blood	☐	☐	☐
☐ Cerebrospinal fluid	☐	☐	☐
☐ Other sterile site	☐	☐	☐

If other, specify: ____________________

PTO

Invasive Pneumococcal Infection
Enhanced surveillance form

Laboratory Use Only

Antibiotic susceptibilities:

1. Local laboratory

	Susceptible	**Intermediate**	**Resistant**
Penicillin	☐	☐	☐
Ceftriaxone/cefotaxime	☐	☐	☐

2. Reference laboratory

Penicillin	__________	Cefotaxime	__________
Tetracycline	__________	Levofloxacin	__________
Chloramphenicol	__________	Cefaclor	__________
Erythromycin	__________	Moxifloxacin	__________
Vancomycin	__________	Linezolid	__________
Rifampicin	__________	Other	__________
Quinupristin/dalfapristin	__________		

Serotype : ☐

Mail or fax to:
Communicable Disease Control Directorate
Population Health Division
PO Box 8172, Perth Business Centre
Perth WA 6849

Fax: 9388 4848