

Basis of Diagnosis

CLINICAL PRESENTATION*

- | | | | |
|---------------------------|---------------------------|--------------------------|-------------------------------|
| Pneumonia | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
| Bacteraemia without focus | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
| Meningitis | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
| Empyema | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
| Other | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |

If other, specify _____

LABORATORY CRITERIA

Specimen* (tick all with positive results)

- | | | |
|-----------------------------|----------------------------------|---|
| Blood | <input type="checkbox"/> culture | <input type="checkbox"/> NAAT ² |
| CSF | <input type="checkbox"/> culture | <input type="checkbox"/> antigen detection ¹ |
| Pleural fluid | <input type="checkbox"/> culture | <input type="checkbox"/> NAAT |
| Joint fluid | <input type="checkbox"/> culture | <input type="checkbox"/> NAAT |
| Other sterile site specimen | <input type="checkbox"/> culture | <input type="checkbox"/> NAAT |

(specify) _____

¹ refer to the case report form instructions

² nucleic acid amplification test

STATUS*

- Under investigation Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Capsular type* _____

ESR Updated Laboratory _____
 Date result updated _____ Sample Number _____

Clinical Course and Outcome

Date of onset* _____ Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____ Unknown

Was this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death* _____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

Yes If yes, specify Outbreak No.* _____

Risk Factors

Premature <37 weeks gestation (if case is <1 year of age)* Yes No Unknown

Congenital or chromosomal abnormality (includes Down's syndrome)* Yes No Unknown

Chronic lung disease or Cystic Fibrosis* Yes No Unknown

Anatomical or functional asplenia* Yes No Unknown

Immunocompromised* Yes No Unknown
Includes HIV/AIDS, lymphoma, organ transplant, multiple myeloma, nephrotic syndrome, chronic drug therapy (e.g. chemotherapy or >20 mg/d prednisolone in last year), dysgammaglobulinaemia and sickle cell anaemia.

Chronic illness* Yes No Unknown
Includes CSF leak, intracranial shunts, diabetes, cardiac disease (angina, MI, heart failure, coronary bypass), pulmonary disease (asthma, bronchitis, emphysema), chronic liver disease, renal impairment and alcohol related.

Cochlear implants* Yes No Unknown

Current smoker* Yes No Unknown

Smoking in the household (if case is <5 years of age)* Yes No Unknown

Attends childcare (if case is <5 years of age)* Yes No Unknown
Attends childcare (regular attendance >4 hours per week) in a grouped childcare setting outside the home.

Resident in long term or other chronic care facility* Yes No Unknown

Other risk factors including illness that requires regular medical review (specify)*

Protective Factors

At any time prior to onset, had the case been immunised with the pneumococcal polysaccharide or pneumococcal conjugate vaccine?* Yes No Unknown

If yes, specify vaccination details*

Source of information* Patient/caregiver recall Documented

Dose 1:* Polysaccharide Conjugate Unknown
 Date given* _____ Or age when first dose was given _____ Weeks Months Years

Dose 2:* Polysaccharide Conjugate Not given Unknown
 Date given* _____ Or age when second dose was given _____ Weeks Months Years

Dose 3:* Polysaccharide Conjugate Not given Unknown
 Date given* _____ Or age when third dose was given _____ Weeks Months Years

Dose 4:* Polysaccharide Conjugate Not given Unknown
 Date given* _____ Or age when fourth dose was given _____ Weeks Months Years

Dose 5:* Polysaccharide Conjugate Not given Unknown
 Date given* _____ Or age when fifth dose was given _____ Weeks Months Years

NIR Vaccination Status (to be completed by ESR)
 Fully vaccinated for age Partially vaccinated for age Not vaccinated Not applicable
 Date status updated _____ NIR Reference _____

Comments*

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