

## Surveillance of invasive pneumococcal disease in children aged under five years

### PATIENT DETAILS (to be completed from CHI records)

Surname

Forename(s)

DoB:        -        -        Sex: M        F        CHI number  
          DD        MM        YY

NHS Board

GP name and address

### VACCINATION STATUS (to be completed from SIRS records if available, or GP records)

#### 1. Has this case previously received any pneumococcal conjugate vaccine?

Yes                      No                      Not applicable                      Not known

If given:	Vaccine manufacturer	Batch Number	PCV7	PCV13	Date given
Dose 1					- -
Dose 2					- -
Dose 3					- -

If no vaccine was given, please explain why:

Refused vaccine                      Postponed                      Not yet scheduled                      Other (please specify below)

#### 2. Has this case previously received any 23-valent polysaccharide pneumococcal vaccine?

Yes                      No                      Not applicable                      Not known

If yes, why was vaccine given?                      Case fulfilled at risk criteria                      Other (please specify below)

If yes, when was vaccine given?                      Date given                      -                      -

### CLINICAL INFORMATION (to be completed from GP or hospital case records)

#### 3. Ethnicity (please choose one):

Scottish	Other British	Irish	Other White	Mixed	Indian
Pakistani	Bangladeshi	Chinese	Other Asian	Caribbean	
African	Other Black	Not disclosed	Not known	Other(specify below)	

4. Place of birth (please choose one): United Kingdom Other (please specify):

5. Was the case born at term?

Yes No Not known If No, gestation at birth weeks Birth weight: kg g

6. Any underlying illness? Yes No Not known (if yes, please tick all that apply and give details)

Homozygous sickle cell disease or other haemoglobinopathy (if other, specify):

History of previous invasive bacterial disease (age): mths, organism:

Asplenia or splenic dysfunction (specify):

Immunosuppressive condition or drug (specify):

Malignancy (specify):

Congenital abnormality (specify):

Potential for CSF leakage (specify):

Chronic respiratory disease (including asthma\*) (specify):

\*asthma for which use of systemic steroids is continuous or frequent

Chronic Disease: Cardiac Renal Liver (specify):

Diabetes mellitus (requiring insulin or oral hypoglycaemic drugs)

Cochlear implants Coeliac disease Other specify:

7. Clinical diagnosis (please tick all that apply)

Pneumonia	Septicaemia	Meningitis	Sinusitis	Epiglottitis
Mastoiditis	Endocarditis	Pericarditis	Pleural empyema	Otitis media
Septic shock	Arthritis	Peritonitis	Other (please specify)	

8. Were antibiotics used in month prior to onset of illness? Yes No Not known

9. Were immunoglobulin and subclasses measured? Yes No Not known

(if yes, please give details)

10. Admission to hospital? Yes No Not known

If yes, date of admission - - date of discharge - -

Admission to ICU? Yes No Not known

11. Final outcome:

Not yet discharged Discharged alive Dead date of death: - -

Completed by: Tel number: date - -

Please return completed forms to HPS Immunisation team (NSS.HPSImmunisation@nhs.net)