

Surveillance of invasive Haemophilus influenzae infection

This surveillance form should be completed for:

- all invasive paediatric cases (under 5s) (regardless of type)
- all invasive cases of type b (regardless of age)

based on positive laboratory reports for Haemophilus influenzae.

NHS Board

LABORATORY DATA

Date of sample: - - SHLMPRL case No. -

Serotype (please tick) a b c d e f non-typeable

Source of isolate: Blood CSF Other (if Other, please specify)

Submitting laboratory:

Submitting laboratory sample No.

PATIENT DETAILS

Surname: Forename(s):

Address: Postcode: -

Sex: M F Age: yrs months CHI number:

or Date of birth: - -

CLINICAL PRESENTATION, OUTCOMES AND VACCINATION HISTORY

Date of onset of illness: - -

Disease: (tick as many as apply)

Meningitis Epiglottitis Pneumonia Bacteraemia Bone/joint

Cellulitis Other (if Other, please specify):

Final outcome: Discharged alive Dead Date of death: - -

Any predisposing illness? Yes No

(If Yes, please specify) (e.g. immunosuppression, chronic illness)

Vaccination status:

Doses of Hib vaccine: 0 1 2 3 4 Other (specify) unknown

Hib vaccine Dose 1 date given: - -

Hib vaccine Dose 2 date given: - -

Hib vaccine Dose 3 date given: - -

Hib vaccine Dose 4 date given: - -

Please return completed form to HPS Immunisation team (NSS.HPSImmunisation@nhs.net) or click the submit button.