

Pneumococcal Infection requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex

- Male Other, specify _____
 Female

Residential address

City

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin

- No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Unknown

Country of birth ...country

...year arrived in Australia

- Australia
 Overseas > _____

Interpreter required ...language

- No
 Yes, language > _____

Occupation and/or school and/or child care attended

Alive/deceased

...date of death

- Alive Died due to IPD >
 Died due to other causes > _____

Clinical summary

Date of onset of illness

Clinical manifestation (tick all that apply)

- Unknown
 Pneumonia > confirmed by X-ray Yes
 No
 Unknown
 Meningitis (with supportive neurological clinical features)
 Bacteraemia (septicaemia)
 Other, specify > _____

Has the case previously been diagnosed with IPD (prior to the current infection)

- No
 Unknown
 Yes, specify date > _____

Has laboratory testing been requested

- No Confirmed, specify lab > _____
 Pending, specify lab > _____

Clinical comments include risk factors, mode of transmission (if any) etcetera

Form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date

Please identify the case on every page

Last name

First name

Date of birth

Risk factor details—please answer all questions

Smoking risk

- Current smoker, specify cigarettes per day > _____
- Ex smoker (>100 cigarettes in lifetime)
- Never smoked
- Unknown

Household smoking risk

- Smoker in household
- No smoking risk
- Unknown

Does the case have an immunocompromising condition

- No
- Unknown
- Immunosuppressive therapy (incl. high dose steroids & radiotherapy)
- Anatomical or functional asplenia*
- HIV infection
- Nephrotic syndrome
- Organ transplantation or haematopoietic stem cell transplant
- Multiple myeloma
- Other cancer, specify below
- Other (incl. chronic pancytopenia, IgA deficiency, active SLE, other autoimmune diseases), specify below

* For patients with anatomical or functional asplenia, please consider:

- Pneumococcal vaccination (refer to the current recommendations in the Australian Immunisation Handbook, or online at www.immunise.health.gov.au).
- Registering the patient with Spleen Australia (www.spleen.org.au) for advice on optional immunisation administration, use of antibiotics, and education on staying healthy.

Does the case have a chronic disease

- No
- Unknown
- Cardiac disease (but not uncomplicated hypertension)
- Chronic renal failure with reduced function
- Chronic liver disease with reduced function
- Chronic airway limitations (e.g. due to bronchiectasis, emphysema, scarring requiring hospitalisation or chronic treatment)
- Diabetes (type 1 or 2)
- Excessive alcohol use
- CSF leak
- Severe asthma
- Chronic or recurrent infections (incl. pancreatitis, chronic otitis media)
- Other chronic conditions impairing physical functioning (e.g. cerebral palsy, neurological deficit, malnutrition), specify below

For children UNDER 5 years of age

Congenital or chromosomal abnormality

- No
- Yes, specify > _____

Gestational age in weeks

Did the child attend grouped care outside the home within 4 weeks of onset for greater than 4 hours

- No
- Unknown
- Yes, specify hours per week > _____

Pneumococcal vaccination history

Has the case been immunised with a pneumococcal vaccine

- No
- Unknown
- Yes, specify below

Date of vaccination

Date of vaccination	Vaccine	Information source
_____	<input type="checkbox"/> Prevenar 7 <input type="checkbox"/> Prevenar 13 <input type="checkbox"/> Pneumovax 23 <input type="checkbox"/> Unknown	<input type="checkbox"/> Written record <input type="checkbox"/> Self or parent recall
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Vaccine

Information source

- Prevenar 7
- Prevenar 13
- Pneumovax 23
- Unknown

- Written record
- Self or parent recall
- Written record
- Self or parent recall
- Written record
- Self or parent recall