Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Invasive Group A Streptococcal (iGAS) Infection
Enhanced Data Form

hpsc

HSE Area / CCA _____

Lab Specimen No. _____

Hosp Patient /Chart No. _____

Name of laboratory _____

Name of hospital _____

Name of clinician _____

i) PATIENT DETAILS

Patients initials ☐ Male ☐ Female ☐

Date of birth (*dd/mm/yyyy*) ☐ or age ☐ Age in Years/ Months/Days (please delete)

Date of hospital admission (*dd/mm/yyyy*) ☐

County of residence ☐

Nationality ☐

ii) ISOLATE DETAILS

Date of specimen *(dd/mm/yyyy)* ☐

M Serotype (if known) ☐

Isolate stored? Yes ☐ No ☐

Other clinically relevant pathogens associated with this illness/episode? (Please specify) No ☐ NK ☐

☐

For confirmed cases

Isolated from:

Blood ☐
Joint ☐
Deep tissue ☐
CSF ☐
Abscess ☐
Bone ☐

Other sterile site *(please specify)* ☐

For probable cases (STSS cases only)

Isolated from:

Throat ☐
Vagina ☐
Sputum ☐

Other non-sterile site *(please specify)* ☐

iii) CLINICAL DETAILS

Case definition: Confirmed ☐ Probable (STSS only) ☐ Date of onset *(dd/mm/yyyy)* ☐

Clinical presentation: Please tick all that apply

Peritonitis ☐
Myositis ☐
Bacteraemia ☐
Septic arthritis ☐
Toxic shock-like syndrome ☐
Necrotising fasciitis ☐
Meningitis ☐
Cellulitis ☐
Pneumonia ☐
Puerperal sepsis ☐
Erysipelas ☐

Other *(please specify)* ☐

Degree of severity: Please refer to Case Definition for details of diagnostic parameters

Hypotensive shock ☐
Renal impairment ☐
Coagulopathy ☐
Liver abnormality ☐
Erythematous rash ☐
Soft-tissue necrosis ☐
Respiratory distress ☐
None of these ☐
Not known ☐

Clinical management

Admitted to ITU?
Yes ☐ No ☐ NK ☐

If YES, number of days spent in ITU (of the 7 days following GAS isolation)
☐ Days

Surgical intervention?
Yes ☐ No ☐ NK ☐

Please specify procedures ☐

Outcome (at one week after GAS isolation)

Alive ☐ RIP ☐ NK ☐

If RIP date of death *(dd/mm/yyyy)* ☐

RIP - GAS as main cause of death ☐
RIP - GAS contributed (not main cause) ☐
RIP - GAS contribution unknown ☐
RIP - GAS did not contribute (cause unknown) ☐
RIP - GAS did not contribute (cause known) ☐

Please see next page for last section and notes

Use the space below to enter any relevant reference numbers etc, but please do not enter patient name or address

_____
_____
_____

Form completed by ☐

Date completed ☐

CIDR event number (if unknown, please leave blank) ☐

Continued...

iv) EPIDEMIOLOGICAL INFORMATION

Risk factors: Please tick all that apply No identified risk factors ☐ Information not known ☐

Steroid use ☐
Diabetes ☐
Injecting drug user ☐
Varicella ☐

Alcoholism ☐
Malignancy ☐
Non-steroidal anti-inflammatory drugs ☐

Skin lesion/wound ☐
If YES: *trauma* ☐
Insect bite ☐
Surgical wound ☐

Recent childbirth *(last 4 weeks)* ☐
If YES: *date* ☐
Vaginal delivery ☐
Caesarian section ☐

Surgery (please specify procedure, date and name of hospital)

Other relevant risk factor/s including immunosupression or previous GAS

Other epidemiological information

Occupation of patient

Recent overseas travel *(in the last 2 weeks before onset)*?

Yes ☐ No ☐ NK ☐ If YES, which country/ies?

Was the patient admitted from a **closed institution** directly (e.g. transfer from hospital, nursing home, prison)? Please also state country if transferred from outside Ireland.

Yes ☐ No ☐ NK ☐ If YES, please specify type

Was this infection hospital-acquired? (Defined as infection occurring 48 hrs or more after admission, including time in originating hospital in case of transfer)

Yes ☐ No ☐ NK ☐

Was this case related/contact of other case(s) of GAS disease? Yes ☐ No ☐ NK ☐ If YES, please provide details -

Relationship to this case

Date of onset

Specimen no. of related case

Clinical presentation of related case

Is this case part of an outbreak/cluster?

Yes ☐ No ☐ NK ☐ If YES, outbreak identifier

v) COMMENTS

Guidance on the completion of the form – please complete one reporting form for *each case* diagnosed, meeting the case definition of invasive group A streptococcal disease as outlined below. Please complete as much of this form as possible. All information supplied will be treated as confidential; anonymised data will be analysed at HPSC.

CASE DEFINITION https://www.hpsc.ie/a-z/other/groupastreptococcaldiseasegas/casedefinition/

Thank you for your assistance

Please forward to Director of Public Health / Medical Officer of Health and then from Departments of Public Health to the Health Protection Surveillance Centre (HPSC Fax 01 856 1299).