

### A. PATIENT DETAILS

**CIDR EVENT ID**

Patient forename

Patient surname

Patient address

Hospital name

HSE area

County

Hospital number

Treating Physician

Phone

Creche, School,  
College Address

First notified by:

☐ Laboratory

☐ Occupational Health

☐ GP

☐ Public Health

☐ Hospital clinician

☐ Other

If other notification source, please specify:

Work address

### B. SOCIODEMOGRAPHIC DETAILS

Sex ☐ Male ☐ Female

Date of Birth

Ethnic groups (see note at end of page 2)

☐ Irish

☐ Chinese

☐ Irish Traveller

☐ Any other Asian background

☐ Any other White background

☐ Other

☐ African

☐ Other, please specify

☐ Any other Black background

Country of birth

☐ Ireland

☐ Other (please specify):

Country of infection

☐ Ireland

☐ Other (please specify):

Occupation

Epi-Linked

☐ Yes

☐ No

☐ Unk

Imported

☐ Yes

☐ No

☐ Unk

If imported, please specify which country

Educational Setting

☐ Creche

☐ Secondary School

☐ Other

☐ Primary School

☐ 3<sup>rd</sup> Level

☐ Not applicable

Outbreak  
identifier

### C. CLINICAL DETAILS

Symptoms

☐ Meningitis

☐ Osteomyelitis

☐ Epiglottitis

☐ Cellulitis

☐ Pneumonia

☐ Bacteraemia without focus

☐ Septic arthritis

☐ Other, please specify:

☐ Septicaemia

☐ Meningitis

☐ +Septicaemia

ONSET

DATE

Duration of hospital stay (days)

ADMISSION

ICU admission

☐ Yes

☐ No

DISCHARGE

No. days in ICU

### D. RISK FACTORS (to be obtained if possible)

Risk factors identified? ☐ Yes ☐ No ☐ Unk ☐ Under investigation

Specify details

☐ Any chronic medical condition

☐ Hx of previous invasive bacterial  
disease

☐ Immunosuppressive  
illness

☐ Post hematopoietic stem cell  
transplant

☐ Immunosuppressive therapies

☐ Complement/antibody or  
properdin deficiency

☐ Cochlear implant

☐ Other risk factors

Contact with previous case ☐ Yes ☐ No ☐ Unknown

If yes, please specify contact details and time and if coupled with chemoprophylaxis and/or vaccination

**E. LABORATORY INVESTIGATIONS** (provided by Reference laboratory)

Specimen type	Method 1	Pos	Neg	Not Done	Method 2	Pos	Neg	Not Done	Method 3	Specify details	Pos	Neg	Not Done
Blood	Culture				PCR				Antigen/Other				
CSF	Culture				PCR				Antigen/Other				
Joint Fluid	Culture				PCR				Antigen/Other				
Other	Culture				PCR				Antigen/Other				
Sterile													

Isolate sent to reference laboratory? ☐ Yes ☐ No ☐ Unknown

Reference lab name: \_\_\_\_\_

Primary lab name: \_\_\_\_\_

Case Classification: ☐ Confirmed ☐ Probable ☐ Possible

Organism Name & Type: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Microbiologist: \_\_\_\_\_

PCR Only Diagnosis? ☐ Yes ☐ No ☐ Unknown

Specimen Type 1 & Date: \_\_\_\_\_

Specimen Type 2 & Date: \_\_\_\_\_

MLST Result: \_\_\_\_\_

**F. VACCINATION OF INDEX CASE** (For HiB cases only)

HiB Vaccination Status: ☐ Vaccinated ☐ Incompletely Vaccinated ☐ Unvaccinated ☐ Unknown

Number of Doses Received: \_\_\_\_\_

	Vaccination Date	Brand	Batch Number
1 <sup>st</sup> dose			
2 <sup>nd</sup> dose			
3 <sup>rd</sup> dose			
4 <sup>th</sup> dose			

**G. OUTCOME**

Outcome at time of discharge: ☐ Died ☐ Long-term sequelae ☐ Recovering ☐ Recovered ☐ Still ill

Cause of death: ☐ Due to this ID (primary) ☐ Not due to this ID ☐ Awaiting coroner's report ☐ Not known

If case died, was this disease the primary cause of death? ☐ Yes ☐ No ☐ Unknown

Date of Death: \_\_\_\_\_

Please ensure that all of the above enhanced details are entered on to CIDR

**Note regarding ethic identifier:** This should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator.

**COMMENTS**

<http://www.hse.ie/portal/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html>

**Case Definition: *Haemophilus influenzae* (invasive) (blood, CSF or other normally sterile site))**

**Clinical criteria**

Any person with clinical picture compatible with invasive disease, i.e. bacteraemia, meningitis, arthritis, epiglottitis, osteomyelitis or cellulitis

**Laboratory criteria**

At least one of the following two:

- Isolation of *Haemophilus influenzae* from a normally sterile site
- Detection of *Haemophilus influenzae* nucleic acid from a normally sterile site

Typing of the isolates should be performed

**Epidemiological criteria**

NA

**Case classification**

**A. Possible case**

A case with clinical epiglottitis without any laboratory confirmation or with identification only from a non-sterile site

**B. Probable case**

NA

**C. Confirmed case**

Any person meeting the laboratory criteria

**Source:** HPSC Case Definitions for Notifiable Diseases, 2012; <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/>

**ADDITIONAL COMMENTS**