

Case name: .....  
First name Surname

DOB ...../...../.....

Notification ID: .....



# Haemophilus influenzae type b Case Report Form

..... Public Health Unit Outbreak ID: .....  
Completed by: ..... Date sent to NOCS: ...../...../.....  
Telephone: ..... Fax: .....

## NOTIFICATION:

Date PHU notified: ...../...../..... Date initial response: ...../...../.....  
Notifier: ..... Organisation: .....  
Telephone: ..... Fax: ..... Email: .....  
Treating Dr: .....  
Telephone: ..... Fax: ..... Email: .....

## CASE DETAILS:

UR No: .....

Name: .....  
First name Surname  
Date of birth: ...../...../..... Age: ..... Years ..... Months Sex:  Male  Female  
Name of parent/carer: .....  
 Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Non-Indigenous  Unknown  
English preferred language:  Yes  No – specify ..... Ethnicity – specify .....  
Permanent address: ..... Postcode: .....  
Home tel: ..... Mob: ..... Email: .....  
Occupation: ..... Work telephone: .....  
Temporary address in Queensland (if different from permanent address): ..... Postcode: .....  
Telephone: ..... Mob: ..... Email: .....  
General Practitioner: Dr .....  
Address: ..... Postcode: .....  
Telephone: ..... Fax: ..... Email: .....

## CLINICAL DETAILS

Hospitalised:  Yes  No  Unknown Hospital: ..... Date: ...../...../..... to ...../...../.....  
Complications:  Yes – specify .....  No  Unknown  
Outcome:  Survived  Died Date of death: ...../...../.....  Died of condition  Unknown

## PLACE ACQUIRED

Queensland  Other Australian state/territory – specify .....  
 Unknown  Other country – specify .....

In all cases of Hib, National Centre for Immunisation Research & Surveillance (NCIRS) [Enhanced Surveillance questionnaire](#) should be completed and sent to NCIRS, Kids Research Institute at The Children's Hospital at Westmead Locked Bag 4001, Westmead NSW 2145 or fax to NCIRS: 02 9845 1418

NOTIFICATION DECISION:  Confirmed – Hib case

**CONTACT MANAGEMENT:**

Contact Type	Group	Number of Contacts identified	Prophylaxis (Clearance antibiotics)		
			Recommended	Offered	Not offered
<b>Household</b> ((including all people sleeping overnight in same room as case)	Adults				
	Children				
<b>Childcare/ family daycare/ Preschool</b>	Adults				
	Children				
<b>Hospital and Healthcare facility</b>	Adults				
	Children				
<b>Other (specify):</b>	Adults				
	Children				

**CONTACT DETAILS:**

Name	Type of Contact	Age/DOB	Telephone	Vaccination Status	Intervention

**(Attach the [NCIRS Enhanced Surveillance questionnaire](#) to this form and send them to NOCS)**