



Population and Public Health Program

Invasive Pneumococcal Disease (IPD) Enhanced Surveillance Case Report Form

Fax completed form to (204) 940-2690
For further information, please call your CD Coordinator
See reverse for instructions

| PERSON REPORTING | | CASE DEFINITION | |
|------------------------------|---|---|---|
| Last Name | | First Name | |
| Phone # | | Date Case Report Form Completed YYYY/MM/DD | |
| PATIENT INFORMATION | | | |
| PHIN | | MHSC # | |
| Date of Birth: YYYY/MM/DD | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't know | Chart/Clinic/Lab # Hospital/Clinic/Lab Name | |
| Patient Legal Name: Last | | Ethnicity (if unknown leave blank) <input type="checkbox"/> Aboriginal If Yes: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Don't know <input type="checkbox"/> Non-Aboriginal, specify ethnicity | |
| First Name | | Born outside of Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Year of entry: YYYY Country of birth: | |
| Current Street Address | Phone number(s) | Lives on reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | Refugee: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A |
| City/Municipality/ Reserve | Postal Code | Employment /occupation <input type="checkbox"/> Unknown <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed as: | |

| CLINICAL INFORMATION | | | |
|--|--|--|---|
| Date of Symptom Onset* YYYY/MM/DD | | Specimen collection date YYYY/MM/DD | |
| Clinical Presentation <input type="checkbox"/> Bacteremia <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis | | <input type="checkbox"/> Epiglottitis <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Peritonitis <input type="checkbox"/> Pericarditis | <input type="checkbox"/> Hemolytic Uremic Syndrome <input type="checkbox"/> Other, specify |
| Did the patient have a viral* respiratory illness during the four weeks prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | | | |
| Source of specimen <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> other sterile site, specify | | | |
| Was the patient admitted to hospital for more than 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes, name of Institution | Admission Date YYYY/MM/DD | Discharge date YYYY/MM/DD | |
| Was the patient admitted to the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | Was the patient placed on a ventilator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | | |
| Patient's status at the time of reporting <input type="checkbox"/> Recovered <input type="checkbox"/> Sick <input type="checkbox"/> Died <input type="checkbox"/> Don't know | If deceased, date of death YYYY/MM/DD <input type="checkbox"/> Don't know Cause(s) of death | | |

* See reverse for definition

PRE-EXISTING CONDITIONS / RISK FACTORS*

Pre-existing diseases/conditions

- Don't know
- None

- Sickle cell disease
- Congenital or acquired asplenia
- Other altered splenic function, specify

- Chronic cerebrospinal fluid leak
- Received cochlear implants
- On peritoneal or hemodialysis
- Nephrotic syndrome
- Other chronic kidney disease, specify
- Hepatitis C
- Cancer
- Diabetes
- HIV/AIDS
- Blood/solid organ transplant
- On immunosuppression therapy*
- Other congenital/acquired immune deficiency, specify

- Cystic fibrosis
- Tuberculosis
- Other, specify:

Other Risk Factors

- Don't know
- None

- Alcohol dependence*
- Tobacco use
- Crack Cocaine use
- Solvent use
- Intravenous drug use, specify type

- Sex trade work
- Sex with sex trade worker
- Contact with another IPD case, specify

- If < 1 year old:
- Low birth weight (<2500 grams)
- Premature (born <36 weeks)
- Breastfed for XX months
- Number of siblings XX

Other Risk Factors

- Don't know
- None

- In the 2 months leading to illness, was
- Homeless*
- Resident of shelter/group housing/hotel, list all locations

- Incarcerated, where:

- Resident in a personal care home, list location:

- Traveled outside home community or country
If YES, communities or countries visited

* See below for definitions

VACCINATION HISTORY

Has the patient ever received a conjugate pneumococcal vaccine? Yes No Not eligible Don't know

If YES, specify type: PCV-7 PCV-13

If YES, specify numbers of doses: X and date(s): YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD

Has the patient ever received a polysaccharide pneumococcal vaccine? Yes No Not eligible Don't know

If YES, specify date(s): YYYY/MM/DD YYYY/MM/DD

Clinical Information

Date of symptom onset refers to the earliest reported date of clinically relevant symptoms.

Viral respiratory illness refers to a constellation of symptoms including, but not limited to: cough, fever, muscle pain, joint pain, extreme fatigue, sore throat, runny nose and headache.

Pre-existing Chronic Disease

Immunosuppression therapy examples include high-dose steroids, chemotherapy or radiation

Congenital immune deficiencies includes specifically IgG/IgG subclass and IgM deficiencies and Severe Combined Immunodeficiency Disorder (SCID) (It excludes people with granulocyte and complement disorders).

Other Risk Factors

Alcohol dependence is defined as three or more of the following criteria over a one year period of time: tolerance, withdrawal symptoms, impaired social or occupational roles, spending excessive time on alcohol related activity, drinking more than intended, unsuccessful attempts to cut down, use despite physiological or psychological consequences.

Homeless refers to an individual who lacks a fixed, regular, and adequate nighttime place of abode.