Public Health England

H. Influenzae
Clinical follow-UP (Women)

PLEASE SUPPLY PATIENT DETAILS

Name:

NHS Number

Date of Birth

Age(months)

Gender:

FOR PHE USE ONLY

Ref no

Specimen date

Hospital/laboratory:

WE WOULD BE GRATEFUL IF YOU COULD COMPLETE THE QUESTIONNAIRE EVEN IF THE PATIENT HAS LEFT YOUR PRACTICE OR DIED EITHER AS A RESULT OF THE INFECTION OR ANY OTHER CAUSE. IF UNABLE TO COMPLETE PLEASE PROVIDE NAME AND CONTACT DETAILS OF HOSPITAL CLINICIAN IF RELEVANT.

1. Ethnic group ☐ White ☐ Black-Caribbean ☐ Black African ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Mixed/Other (please specify)_____

2. At the time of H.Influenzae infection, did the patient have any co-morbidities?

☐ Chronic heart disease
☐ Chronic lung disease*
☐ Chronic liver disease
☐ Chronic renal disease
☐ Metabolic disease
☐ Malignancy
☐ Other
☐ Immunosuppression/immunosuppressive drug
☐ CNS disease (CSF leak, VP shunt, etc)
☐ Recurrent upper respiratory tract infection (eg.sinusitis, chronic otitis media)
☐ Haemoglobinopathy
☐ Asplenia
☐ None

If any of the above ticked, please give details: _____

*If asthmatic, please state if on regular oral steroid ☐ No ☐ Yes

3. Clinical presentation of invasive H.influenzae infection:

☐ Meningitis ☐ Pneumonia ☐ Septic arthritis ☐ Bacteraemia
☐ Epiglottitis ☐ Cellulitis* ☐ Osteomyelitis* ☐ Other*

*please specify site/define "Other": _____

4. If presented with meningitis, any complications?

☐ Cerebral abscess ☐ Seizures ☐ Unilateral deafness ☐ Other
☐ Cerebral infarction ☐ VP shunt ☐ Bilateral deafness ☐ None

*if Other, please specify: _____

Ref NO:

5. Was the patient admitted to an intensive care unit? ☐ No ☐ Yes ☐ Not Known

If yes, 5.1 reason for admission: _____

_____

6. Was the patient PREGNANT at the time of H. Influenzae infection ☐ No ☐ Yes ☐ Not Known

If yes, 6.1 What was her gestation at the time of infection? _____

6.2 Was the infection associated with the birth of her baby ☐ No ☐ Yes ☐ Not Known

If yes, 6.2.1: ☐ Live birth ☐ Miscarriage ☐ Still birt

6.3 If baby alive, did the baby also develop H. Influenzae infection ☐ No ☐ Yes ☐ Not Known

6.3.1 Baby's name: _____

6.3.2 Baby's date of birth: _____

6.3.3 Baby's NHS number: _____

7. Outcome (alive/dead) _____ if died date of death _____

If died,7.1 was a post-mortem performed ☐ No ☐ Yes

If post-mortem performed, 7.2 Name and address of coroner:

Name: _____

Address: _____

_____

_____

If post-mortem NOT performed, 7.3 Cause of death on Death Certificate:

_____

_____

Form completed by: _____ Date: _____ Tel: _____

Please return completed form by POST using the pre-paid envelope or FAX to:
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Tel: 020 8327 7155
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E-mail: shamez.ladhani@phe.gov.uk

Ref NO: