Hib Vaccine Failure Questionnaire
Australian Paediatric Surveillance Unit
Please file for your information.

DOCTOR'S INFORMATION

APSU Dr Code/Name ☐☐☐☐ /……

Month/Year of Report …..... /……. Contact Phone No. ……

PATIENT'S INFORMATION

First 2 letters of surname ☐☐

First 2 letters of first name ☐☐

Date of Birth ☐☐ /☐☐/☐☐

Sex ☐ M ☐ F

Postcode of residence ☐☐☐☐

CLINICAL DATA

1. Date of Admission to hospital ☐☐ /☐☐/☐☐

2. Aboriginality:
   - ☐ Aboriginal/Torres Strait Islander
   - ☐ Not Aboriginal/Torres Strait Islander
   - ☐ Don't Know

3. Clinical Diagnosis:
   - ☐ Meningitis
   - ☐ Epiglottitis
   - ☐ Other – please describe ……

4. Outcome:
   - ☐ Discharged apparently well
   - ☐ Discharged with abnormality – please specify ……..
     ……..
   - ☐ Died

RISK FACTORS

5. Gestational age (weeks): …… Birth Weight (grams): ……

6. Does the child have an underlying illness requiring regular medical supervision?
   - ☐ No underlying illness
   - ☐ Immunosuppressive drug – please specify ……....
     ……..
   - ☐ Immunosuppressive condition – please specify ……..
     ……
   - ☐ Congenital or chromosomal abnormality – please specify ……
     ……
   - ☐ Other – please specify ……
     ……

VACCINATION DATA

7. Source of information:
   - ☐ Parent held record
   - ☐ Australian Childhood Immunisation Register
   - ☐ Other written record – please specify
   - ☐ Parental recall only

VACCINATION DATA Continued

8. Dates of Hib Vaccination (approximate if necessary)	Type/Brand (if available)	Batch Numbers (if available)
1st ☐☐ /☐☐/☐☐	☐ Hib Titer	……
	☐ Pedvax	……
	☐ Other	……
2nd ☐☐ /☐☐/☐☐	☐ Hib Titer	……
	☐ Pedvax	……
	☐ Other	……
3rd ☐☐ /☐☐/☐☐	☐ Hib Titer	……
	☐ Pedvax	……
	☐ Other	……
4th ☐☐ /☐☐/☐☐	☐ Hib Titer	……
	☐ Pedvax	……
	☐ Other	……

MICROBIOLOGY DATA

9. Date of first positive test ☐☐ /☐☐/☐☐

10. Method of confirmation (if blood and another site, please indicate both):

☐ Blood culture ☐ CSF culture ☐ Other sterile site
☐ Antigen CSF ☐ Antigen urine

11. Laboratory performing microbiology ……..

Address (if known): ……..

……

Telephone (if known): ……..

12. Has isolate been sent to: ☐ CIDMLS (Sydney) ☐ Not sent
☐ MDU (Melbourne) ☐ Not known

IMMUNOLOGY DATA

13. Serum sent to: ☐ NCH, Sydney ☐ WCH, Adelaide ☐ No serum

Specimen 1 – Date obtained: ☐☐ /☐☐/☐☐
Specimen 2 – Date obtained: ☐☐ /☐☐/☐☐

VACCINES/BOOSTERS

14. Hib vaccine booster given:

☐ Hib Titer ☐ Pedvax Hib ☐ Other – please specify: ……
☐ Booster given, type not known ☐ No booster

Date booster given: ☐☐ /☐☐/☐☐
Post booster blood obtained: ☐ Yes ☐ No

Please return this questionnaire in the addressed reply-paid envelope.
Thank you for your help with this research project.