Invasive Group B Streptococcus Mandatory Reporting

In babies up to 90 days of age

*Please complete and return within* ***5*** *days of diagnosis*

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| --- |
| **Infant’s Health & Care Number**: Or (Infant hospital number if H&C not available) |
| DOB: | Sex: M / F |
| Date of onset: | Age at onset:(in days) |
|  |
| **Clinical Details**Consultant: | Hospital: |
| Clinician GBS definition:* Early onset (0-6 days from birth) [ ]
* Late onset (7-90 days from birth) [ ]
 |
| Date specimen taken: | Specimen type:Only sterile site e.g. blood/CSF |
| Person providing this report:Telephone number:Email:Date of this report: |
|  |
| **Please complete and return to:-** |
| **Email: gbspha@hscni.net****Please password protect and send the password in a separate email.** |  |  |

Case definition: *Infants younger than 90 days from whom group B streptococci were isolated from a normally sterile site (e.g. blood or CSF)*