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)*