Haemophilus influenzae Surveillance Worksheet

NAME ADDR								SS (Street and No.)					hο	ne		Hospital Record No.			
	<i>-</i> ((Street and No.) Phone									u	_							
(last) (first) This information will not be sent to CDC																			
REPORTING SOURCE TYPE physician phy		SUBJECT ADDRESS CITY SUBJECT ADDRESS STATE SUBJECT ADDRESS COUNTY																	
,, <u> </u>						CAS	CE IN	IEC											_
Date of Birth		FORMATION Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latin O=Other U=Unknown																	
Race DAmerican Indian/Alaskan Native DAsian DBlack/African American DNative Hawaiian/Pacific Islander DWhite DNot asked D Refused to answer DOther D												□ Unl	now	/n					
Country of Birth				Ot	ther Birth Plac	e				Со	untry of	Us	ual	Re	siden	ce			
Age at Case Investigatio										Reporting County									
Date Reported			 ear	Da	ate First Repo	rte	d to I	РΗ	D	 year	Na	tio	nal	Repo	porting Jurisdiction				
Ealiest Date Reported to	o C	oui	ntv		(r	nm/	'dd/vvv	_'))at	,	ted	to	Sta	ite	(mm/dd/yyy)			
Ealiest Date Reported to County (mm/dd/yyy)											¥1								
Case Class Status □ Susp	ect	ed	□ Prob	able	□ Confirmed □	ט כ	nknov	/n	□ Not a case		Case III	ves	ug	ilio	II Sta	month da		yea	 nr
CASE INVESTIGATION □ approved □ closed □ deleted □ in progress □ notified □ rejected																			
STATUS CODE				ready for review reviewd suspended bunkn									kno	wn					
ABCs State ID Bacterial Species Isolated																			
CLINICAL INFORMATION																			
Illness Onset Date					Illness End D	ate)					n	+	200		Duration Uni	-c*		
month day year																			
Illness Onset Age		III	ness C	Ons	et Age Units*[Date of Diag	gno	OSIS				 year	Pregnancy Sta			
Hospitalized? Y=yes N=no	nown [Hospital Adn	Dat	te		 vear	Но	spi	tal	Discha	charge Date							
Duration of Hospital Sta	ıy	0 -	998 99	99=ur	nknown (days)	Epi-	·lin			,	nfi	rm	ed (case?		•	•	
Did patient have any un																			
Underlying Conditions Y			ing cac	13E	s or prior fiffie		:ס: ו- N U		5 IV-110 U-ui	HKI	IIOWII		N		3 361	ect below.		Y	N U
AIDS			Conge	stive	heart failure	_		_	mmunoglobulin	unoglobulin deficiency						Parkinson's disease			
Alcohol abuse	T		Conne	ctive	tissue disorder			t	mmunosuppress	sive	therapy				Peptic ulcer				
Asthma			Corona	ary a	rteriosclerosis				ntravenous drug	1.7					Periph	eral neuropathy			
Blood Cancer			Cortico	osteroids					Kidney disease						Periph	eral vascular disease			
Bone marrow transplant			CSF lea	ak				T	Leukemia						Prema	ture birth			
Broken skin	Т		Curren	nt ch	ronic dialysis			T	Missing spleen						Renal	failure/dialysis			
Cancer			Curren	nt sm	oker				Multiple myelom	ıa					Seizur	e disorder			
Cancer treatment			Deaf/p	orofo	ound hearing loss				Multiple sclerosis						Sickle	cell trait			
Cerebrovascular accident			Demer	entia				١	Myocardial infarc	farction			Sc			olid organ malignancy			
Chronic hepatitis C			Diabet	es m	nellitus				Nephrotic syndro	ndrome			Sc			olid organ transplant			
Chronic respiratory disease			Emphy	hysema/COPD					Neuromuscular d	scular disorder			Spl			lenectomy/asplenia			
Cirrhosis/liver failure			Forme	r sm	oker				None						Systen	nic lupus erythematos	IS		
Cochlear prosthesis			Hodgk	in's	disease				Obesity					Trouble swallowing					
Complement deficiency			HIV inf	fection	on			Paralysis							Unkno	own			
[Y=yes	s; N	l=no	; U=unk	nov	vn]				Other (specify	/)									

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TYP	ES OF	Abo	rtion with consi	c C	ellulitis		Epiglo	ttitic .			Osteomyelitis		Pneumonia			
	CTION		·			nionitis		lytic Uremic	Syndrome		Other (specify))	Puerperal septicemia			
CAUS	SED BY		Asymptomatic bacteremia Empy					ive arthritis	,		Otitis media		Septic shock			
		Bac	teremia without	focus Er	ndocardi	tis	Menir	ngitis			Pericarditis		Staphylococcal Toxic Shock			
ORG	ORGANISM Bacterial septicemia Endo		dometr	metritis Nec		tizing fasciitis			Peritonitis	Unknown						
			UNITS a=y	ear d=day	h=hou	r min=m	ninute	mo=montl	n s=secon	ıd ı	wk=week U	NK=unk	nown			
Does	this pation	ent atte	nd a dav c	are facility?			Y=ves	N=no U=ι	ınknown	Facil	itv Name					
	•		•	-		+v2 □										
	Does this patient reside in a long-term care facility?															
	Did patient have known previous contact(s) with a Hib disease within the preceding 2 months? Y=yes N=no U=unknown															
l If "	If "yes" above, select type:															
	TYPE O	F	Classn			Fathe	r		sing hom			bling				
	PREVIO	US	Co-wc	orker		Moth	er		Other family mer			ember Unknown				
	CONTA	СТ	Dayca	Daycare				Oth	er (specif	y)						
5:1				/)	•••											
	Did patient have known previous contact(s) with a non-b or nontypeable case of <i>H. influenzae</i> disease within the preceding 2 months? Y=yes N=no U=unknown															
lf '	If "yes" above, select type:															
	TYPE O	F	Classn	nate		Fathe	r	Nur	ing hom	e	Sibling					
	PREVIO	US	Co-wc	orker		Moth	er		er family		mber		nknown			
	CONTA	СТ	Dayca	re		None			er (specif							
Weig	Weight at Diagnosis Units ounce pound Height at Diagnosis Height at Diagnosis Height centimeter Units inch															
Recur	Recurrent disease with pathogen? Y=yes N=no U=unknown State ID of 1st occurrence for this pathogen?															
Pregn	Pregnancy status at time of first positive culture: Not pregnant nor postpartum Currently Pregnant Postpartum Unknown															
If pre	If pregnant or postpartum, what was the outcome of the fetus? (select below)															
F	ETAL		Abortion/st	ill birth	Li	ve birth,	/neonat	al death	Sur	vive	ed, clinical in	nfection	Unknown			
	оитсом	E	Induced abo	ortion	St	ill pregn	nant		Sur	vive	ed, no appar	ent illn	ess			
If nat	ient <1 m	onth o	f age: Gest	tational age (weeks	3	Rirt	n weight			51.11.14		Gram Kilogram			
											Birth We Units	eight	Ounce Pound			
Prem	ature at	birth [fo	or children <	<2 years of ag	[e]?	Y=yes	N=no	J=unknow	n 📙		Offics		Ourice Pourid			
	ENCE LO		I □Hom □Colle			n-medica neless			ncarcerate n acute ca				Y=yes N=no U=unknown			
CULT	_		□Long	-term care	□Oth	er			□Unknow	'n	Decease	d Date	(mm/dd/yyyy)			
TYPE OF INSURANCE																
IMPORTATION AND EXPOSURE INFORMATION																
CASE DISEASE Indigenous In state out of jurisdiction Unknown																
	PORTED			ndigenous nternational		In state, Out of st	out of jur tate	sdiction	impo	oorted, but not able to determine source state/country						
Impo	rted Cou	ntry		Imported S	State		Im	ported (County			Impo	rted City			
Coun	try of Exp	posure						State o	r Provin	ce c	of Exposure	е				
Coun	ty of Exp	osure					_	City of	Exposur	e						
Outb	Outbreak related? Y=yes N=no U=unknown Outbreak Name Transmission Mode															

LABORATORY INFORMATION																			
VPD L	ab Mess	age R	eferenc	e Laboi	rator	y \	/PD L	ab Messag	ge Pa	tient Identif	ier –	\ _	/PD Lab Me	ssage	Specimen Ide	ntifier			
Was tl	Was there laboratory testing done to confirm the diagnosis? Y=Yes N=No U=Unknown																		
Was ca	ase labor	atory	confirm	ned? Y=	yes N	=no U=	unknov	vn 🔲 W	/as a	specimen se	ent to	CDC	for testing?	Y=yes	N=no U=unkno	wn			
Test Type	Test Result	Date Specimen Collected		Test Result Quantitative	Quantitative Result Units		Test Manufacturer	Date Specimen Sent to CDC		Specimen Type	Serotype		Serotype Method	Lab Accession Number	Performing Laboratory Name	Performing Laboratory Type			
Lah	LABORATORY TESTING CODES Lab Test Type Specimen Source Serotype Method																		
1=antige 2=susce 3=cultur	en ptibility e	1=amnio 2=BAL 3=blood 4=bone 5=brain	=blood 15=lymph node 27=respiratory secretion =bone 16=middle ear 28=serum								Serotype Method 1=other 2=PCR 3=Quellung 4=whole genome sequencing 5=unknown Serotype 1=A 3=C 5=E 7=non-typeable 9=unknown								
5=Gram stain 6=CSF 6=immunohistochemistry 7=hea 7=latex agglutination 8=other (specify) 9=unk 9=unknown 10=intr 10=PCR 11=join 11=serotyping 12=kid				## 18=NP swab 30=spleen 19=oropharyngeal swab 31=sputum 31=sputum 32=stool 32=unknown 21=pancreas 33=tracheal aspirate 31=sputum 34=urine 31=sputum 35=vascular tissue 24=placenta 36=vitreous 37=wound									Test Result Interpretation P=positive N=negative I=indeterminate E=pending S=significant rise in titer NS=no significant rise in titer Q=equivocal X=not done O=other U=unknown V=vaccine type strain W=wild type strain						
	es confirmat me sequenc				Poi				ne.		+	Lab Test Method							
Performing Laboratory Type 1=CDC lab 2=commercial lab 3=hospital lab 4=other clinical lab 5=public health lab 6=VPD testing lab 8=other (specify) 9=unknown											A=Antigen Card B=BD Directigen BCT=Blood culture BC=BCID Blood culture panel MA=MALDI Biotyper ME=meningitis/encephalitis panel O=Other (specify)								
	ny susce nicrobial Si	•	-	availab	le? Tes	•	N=no	Susceptibili		Test			=Wellcogen Ra Performing La		_				
		Meth			Interpretati	- 1	Manufact	urer		Name		Laborator	U						
SUSCEPTIBILITY TEST METHOD CODES A=AGAR Agar dilution method C=DISK DISK dilution (Kirby Bauer) S=STRIP Gradient strip (E-test) B=BROTH Broth dilution method G=whole genome sequencing I=Automated testing instrument SUSCEPTIBILITY RESULT CODE R=RESISTANT S=SUSCEPTIBLE U=UNK I=INTERMEDIATE N=NOT DONE																			

VACCINATION HISTORY INFORMATION															
Vaccinated (has the case-patient ever received a vaccine against this disease)? Y=yes N=no U=unknown															
Number of vaccine doses against this disease received prior to illness onset? 0–6 99=unknown (doses)															
Date of I	Date of last vaccine dose against this disease prior to illness onset? (mm/dd/yyyy)														
Was the case-patient vaccinated as recommended by the ACIP? Y=yes N=no U=unknown															
Vaccine Type	Vaccination Date month day year	Vaccine Manuf	Vaccine Lot Number	National Drug Code	Vaccine Expiration Date month day year	Vacci Even Informa Sourc	nt ntion	Vaccination Record Identifier	Age†	Age UnitsŦ	Vaccine Dose Number				
									 		——————————————————————————————————————				
						VAC	CINE	EVENT INFORMAT	rion sou	JRCE	† Age at vaccination				
46=Hib(PRP 47=Hib(HbC 48=Hib(PRP 49=Hib(PRP	OC) OTH=other -T) 999=unkno	Hib-IPV (specify)	PMC=S WAL=W SKB=GI MA=M:	CO l anofi Pasteur	OTH=other (specify) UNK=unknown PH Biologic	1=Birth ce 2=IIS 3=Medica 4=New im 5=Other p 6=Other re 7=Patient	l record imunizati provider egistry	parent's writ are provider ency cord specified	TAge Units a=year d=day mo=month wk=week OTH=other UNK=unknown						
Reason Not Vaccinated Per ACIP															
1 = religious exemption 5 = MD diagnosis of previous disease 2 = medical contraindication 6 = too young 10 = parent/patient forgot to vaccinate 14 = missed opportunity 3 = philosophical objection 7 = parent/patient refusal 11 = vaccine record incomplete/unavailable 15 = foreign visitor 12 = parent/patient report of previous disease 16 = immigrant															
Vaccine History Comments															
CASE NOTIFICATION															
CONDITION															
CODE	10590	Immedia	te Nation	nal Notifial	ble Condition Y	=yes N=	no U=	unknown Le	gacy Cas	e ID					
State Ca	se ID	Local Reco	ord ID	Ju	risdiction Code	В	inatio	onal Reporting C	riteria _						
Date First Verbal Notification to CDC Date Notification First Electonically Submitted															
month day year month day year															
Date of Electronic Case (this version) Notification to CDC MMWR Week MMWR Year															
	ion Result Stat		= Final		rd is a correction			cannot be obtained							
Person R	Reporting to CD			(firs		_		Email Phone Number		@)					
Current	Occupation _				Current O	Current Occupation Standardized									
Current	Industry				_ Current In	dustry S	tanda	ardized							
Commer	nts														
	Comments														

CLINICAL CASE DEFINITION§

PROBABLE

• Meningitis WITH detection of Haemophilus influenzae type b antigen in cerebrospinal fluid [CSF]

CONFIRMED

- Isolation of *Haemophilus influenzae* from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid) **OR**
- Detection of *Haemophilus influenzae*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay

 $^{^{\}S}$ https://wwwn.cdc.gov/nndss/conditions/haemophilus-influenzae-invasive-disease/case-definition/2015/