

### Streptococcus pneumoniae Surveillance Worksheet

GENERIC MMG IPD MMG (RIBD\_V1.0\_MMG\_PRT\_IPD\_20190530)

NAME (Last, First)		Hospital Record No.	
ADDRESS (Street and No.)		City	County
REPORTING PHYSICIAN/HOSPITAL/CLINIC/LAB		Address	

DETACH HERE and transmit only lower portion if sent to CDC

### Streptococcus pneumoniae Surveillance Worksheet (Invasive pneumococcal disease and drug-resistant *S. pneumoniae*)

THROUGHOUT: Y=YES N=NO U=UNKNOWN

1. Are you reporting:  
 Drug Resistant *S. pneumoniae* Y  N  U   
 Invasive Disease Y  N  U

2. Date of Birth    .   .      
 MONTH DAY YEAR

3a. Age     
 3b. Is age in years/months/weeks/days?  years  months  weeks  days

4. Sex  Male  Female  Unknown

5. Race (check all that apply)  
 American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White  
 Other race (specify)

6. Ethnicity: is patient Hispanic or Latino? Y  N  U

7. State in which patient resided in at time of diagnosis:

8. Zip Code at which patient resided at time of diagnosis:

9a. Hospitalized? Y  N  U

9b. If hospitalized for this condition, how many days total was the patient hospitalized? (Include days from multiple hospitals if relevant)  
   NUMBER OF DAYS: 0-998; 999=UNKNOWN

10. Does this patient (check all that apply)  
 Attend a day care\* facility? Y  N  U   
 Facility Name \_\_\_\_\_  
\*DAY CARE IS DEFINED AS A SUPERVISED GROUP OF 2 OR MORE UNRELATED CHILDREN FOR >4 HOURS PER WEEK.  
 Reside in a long term care facility? Y  N  U   
 Facility Name \_\_\_\_\_

11. Did patient die from this illness? Y  N  U

12. Onset date   .   .      
 MONTH DAY YEAR

13. Type of infection caused by organism (check all that apply)  
 Bacteremia without focus  
 Cellulitis  
 Epiglottitis  
 Hemolytic uremic syndrome

Meningitis	<input type="checkbox"/>
Osteomyelitis	<input type="checkbox"/>
Otitis media	<input type="checkbox"/>
Peritonitis	<input type="checkbox"/>
Pericarditis	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Septic arthritis	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

14. Sterile site from which organism isolated (check all that apply)  
 Blood  Joint   
 CSF  Bone   
 Pleural fluid  Internal body site   
 Peritoneal fluid  Muscle   
 Pericardial fluid  Other normally sterile site   
 (specify) \_\_\_\_\_

15a. Date first positive culture obtained  
 DATE SPECIMEN TAKEN   .   .      
 MONTH DAY YEAR

15b. If known, indicate the serotype\*     
 If unknown, enter UNK above

\*As of 4/7/17, the serotypes contained in the PCV7 - Prevnar 7 conjugate vaccine are 4, 6B, 9V, 14, 18C, 19F, 23F; the serotypes contained in the PCV13 - Prevnar13 conjugate vaccine are 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 23F; and the serotypes contained in the PPSV23 - Pneumovax polysaccharide vaccine are 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F.

16. Nonsterile sites from which organism isolated, if any:  
 Middle ear  Sinus  Other (specify) \_\_\_\_\_

17a. Does the patient have any underlying medical conditions or prior to illness?  
 Yes. If yes, fill out 17b.  
 No. If no, skip to 18.  
 Unknown. Skip to 18.

17b. What underlying medical conditions does the patient have? (check all that apply)  
 Current smoker  
 Multiple myeloma  
 Sickle cell anemia  
 Splenectomy/asplenia  
 Immunoglobulin deficiency  
 Immunosuppressive therapy (steroids, chemotherapy, radiation)  
 Leukemia  
 Hodgkin's disease

Asthma	195967001	<input type="checkbox"/>
Emphysema/COPD	PHC279	<input type="checkbox"/>
Systemic lupus erythematosus	55464009	<input type="checkbox"/>
Diabetes mellitus	73211009	<input type="checkbox"/>
Nephrotic syndrome	52254009	<input type="checkbox"/>
Renal failure dialysis	PHC281	<input type="checkbox"/>
HIV infection	86406008	<input type="checkbox"/>
AIDS (CD4<200)	62479008	<input type="checkbox"/>
Cirrhosis/liver failure	PHC280	<input type="checkbox"/>

Alcohol abuse	15167005	<input type="checkbox"/>
Cardiovascular disease (ASCVD)/CAD		<input type="checkbox"/>
Heart failure/CHF	42343007	<input type="checkbox"/>
CSF leak	230744007	<input type="checkbox"/>
Intravenous drug use	228388006	<input type="checkbox"/>
Other malignancy (specify)		<input type="checkbox"/>
Organ/bone marrow transplant		<input type="checkbox"/>
Other prior illness (specify)	OTH	<input type="checkbox"/>

VACCINATION HISTORY

18. Did patient receive **POLYSACCHARIDE pneumococcal** vaccine? Y  N  U  If YES, complete the list below:

DOSE	DATE GIVEN MONTH/DATE/YEAR	VACCINE NAME	LOT NUMBER
1	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Pneumovax 23 (Merck) <input type="checkbox"/> Pnu-Imune 23 (Weyth) Other _____	
2	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Pneumovax 23 (Merck) <input type="checkbox"/> Pnu-Imune 23 (Weyth) Other _____	
3	<input type="text"/> . <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Pneumovax 23 (Merck) <input type="checkbox"/> Pnu-Imune 23 (Weyth) Other _____	

19. Did patient receive **CONJUGATE** pneumococcal vaccine? Y  N  U  If YES, complete the list below:

DOSE	DATE GIVEN MONTH/DATE/YEAR	VACCINE NAME	MANUFACTURER	LOT NUMBER
1	<input type="text"/> . <input type="text"/> . <input type="text"/>			
2	<input type="text"/> . <input type="text"/> . <input type="text"/>			
3	<input type="text"/> . <input type="text"/> . <input type="text"/>			
4	<input type="text"/> . <input type="text"/> . <input type="text"/>			

20. Resistance Testing Results

**Oxacillin zone size:**  mm **Oxacillin interpretation:**  R <20mm (possibly resistant)  S ≥20mm (susceptible)  Unknown/not tested

SUSCEPTIBILITY METHOD CODES	S/I/R RESULT CODES	SIGN CODES	MIC VALUE
A – AGAR; Agar dilution method B – BROTH; Broth dilution C – DISK; Disk diffusion (Kirby Bauer) S – STRIP; Antimicrobial gradient strip (E-test)	S – SUSCEPTIBLE B – INTERMEDIATE C – RESISTANT S – UNK/NOT TESTED	Indicate whether the MIC is <, >, ≤, ≥, = to the numerical MIC value in the last column  MIC = minimum inhibitory concentration	Valid range for data value: 0.000 – 999.999

ANTIMICROBIAL AGENT	SUSCEPTIBILITY METHOD A/B/D/S	S/I/R/U RESULT	SIGN </>/≤/≥/=	MIC VALUE (e.g., 0.06µg/ml)
Penicillin				
Amoxicillin				
Amoxicillin/clavulanic acid				
Cefotaxime				
Ceftriaxone				
Cefuroxime				
Vancomycin				
Erythromycin				
Azithromycin				
Tetracycline				
Levofloxacin				
Sparfloxacin				
Gatifloxacin				
Moxifloxacin				
Trimethoprim/sulfamethoxazole				
Clindamycin				
Quinupristin/dalfopristin				
Linazolid				
Other (list)				

Submitted by:  Phone (  )  Date: ..