### ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) INVASIVE PNEUMOCOCCAL DISEASE IN CHILDREN (aged ≥2 months to <5 years)

StateID: ______________________ Date of positive culture / / Date form completed / /

- Child has never received vaccines
- Vaccination history unknown

## VACCINES

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Dates of immunizations</th>
<th>Manufacturer</th>
<th>Vaccine name</th>
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### Pneumococcal conjugate vaccine

**Prevnar13® (PCV13)**

- Dose #1 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #2 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #3 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #4 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #5 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #6 source: [Medical Chart] [Registry] Primary Care Provider Other

### Pneumococcal polysaccharide vaccine

**Pneumovax®23 (PPSV23)**

- Dose #1 source: [Medical Chart] [Registry] Primary Care Provider Other
- Dose #2 source: [Medical Chart] [Registry] Primary Care Provider Other

### Diphtheria/Tetanus/Pertussis (DTP or DTaP)

- Dose 1
- Dose 2
- Dose 3
- Dose 4
- Dose 5

### Haemophilus influenzae type B (Hib)

- Dose 1
- Dose 2
- Dose 3
- Dose 4

**For combination vaccines (e.g. TriHibit, Tetramune, ActHIB/DTwP) enter information for each vaccine component**

### Health Care Provider Information

- Was health care provider information available from the following sources?
  - Medical Chart: [ ] Yes  [ ] No  [ ] Did Not Check
  - Vaccine Registry: [ ] Yes  [ ] No  [ ] Did Not Check
  - Parent/Guardian: [ ] Yes  [ ] No  [ ] Did Not Check  [ ] Refused

If yes to any sources, how many providers were contacted? _____

Person completing the form (please print):

Name______________________________________________________Title________________________

Phone: ( )_________ Fax: ( )_________

Please return form to: Phone: ( )_________ Fax: ( )_________

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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0978). Do not send the completed form to this address.

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