

## Streptococcus pneumoniae Surveillance Worksheet

<b>NAME</b> _____	<b>ADDRESS (Street and No.)</b> _____	<b>Phone</b> _____	<b>Hospital Record No.</b> _____	
(last)	(first)	This information will not be sent to CDC		
<b>REPORTING SOURCE TYPE</b> <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____		<b>NAME</b> _____ <b>ADDRESS</b> _____ <b>ZIP CODE</b> _____ <b>PHONE</b> (____) _____		
		<b>SUBJECT ADDRESS CITY</b> _____ <b>SUBJECT ADDRESS STATE</b> _____ <b>SUBJECT ADDRESS COUNTY</b> _____ <b>SUBJECT ADDRESS ZIP CODE</b> _____ <b>LOCAL SUBJECT ID</b> _____		
CASE INFORMATION				
<b>Date of Birth</b> _____ <small>month day year</small>	<b>Country of Birth</b> _____	<b>Other Birth Place</b> _____	<b>Country of Usual Residence</b> _____	
<b>Ethnic Group</b> H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown			<b>Sex</b> M=male F=female U=unknown <input type="checkbox"/>	
<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown				
<b>Age at Case Investigation</b> _____	<b>Age Unit*</b> _____	<b>Reporting County</b> _____	<b>Reporting State</b> _____	
<b>Date Reported</b> _____ <small>month day year</small>	<b>Date First Reported to PHD</b> _____ <small>month day year</small>	<b>National Reporting Jurisdiction</b> _____		
<b>Earliest Date Reported to County</b> _____ (mm/dd/yyyy)		<b>Earliest Date Reported to State</b> _____ (mm/dd/yyyy)		
<b>Case Class Status</b> <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case		<b>Case Investigation Start Date</b> _____ <small>month day year</small>		
<b>CASE INVESTIGATION STATUS CODE</b>	<input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> rejected <input type="checkbox"/> other _____ <input type="checkbox"/> ready for review <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown			
<b>ABCs State ID</b> _____	<b>Epi-linked to confirmed or probable case?</b> Y=yes N=no U=unknown <input type="checkbox"/>			
CLINICAL INFORMATION				
<b>Illness Onset Date</b> _____ <small>month day year</small>	<b>Illness End Date</b> _____ <small>month day year</small>	<b>Illness Duration</b> _____	<b>Duration Units*</b> _____	
<b>Illness Onset Age</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Illness Onset Age Units*</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date of Diagnosis</b> _____ <small>month day year</small>	<b>Pregnancy Status</b> <input type="checkbox"/> Y=yes N=no U=unknown	
<b>Hospitalized?</b> Y=yes N=no U=unknown <input type="checkbox"/>	<b>Hospital Admission Date</b> _____ <small>month day year</small>	<b>Hospital Discharge Date</b> _____ <small>month day year</small>		
<b>Duration of Hospital Stay</b> 0-998 <input type="text"/> <input type="text"/> <input type="text"/> 999=unknown (days)	<b>During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?</b> Y=yes N=no U=unknown <input type="checkbox"/>			
<b>Does this patient attend a day care facility?</b> <input type="checkbox"/> Y=yes N=no U=unknown <b>Facility Name</b> _____				
<b>Does this patient reside in a long-term care facility?</b> <input type="checkbox"/> Y=yes N=no U=unknown <b>Facility Name</b> _____				
*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown				
<b>TYPES OF INFECTION CAUSED BY ORGANISM</b>	<input type="checkbox"/> Abortion with sepsis	<input type="checkbox"/> Empyema	<input type="checkbox"/> Necrotizing fasciitis	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Abscess	<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Puerperal septicemia
	<input type="checkbox"/> Asymptomatic bacteremia	<input type="checkbox"/> Endometritis	<input type="checkbox"/> Otitis media	<input type="checkbox"/> Septic shock
	<input type="checkbox"/> Bacteremia without focus	<input type="checkbox"/> Epiglottitis	<input type="checkbox"/> Pericarditis	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Bacterial septicemia	<input type="checkbox"/> Hemolytic Uremic Syndrome	<input type="checkbox"/> Peritonitis	
	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Infective arthritis	<input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Chorioamnionitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Staphylococcal Toxic Shock syndrome	
<b>Recurrent disease with the same pathogen?</b> Y=yes N=no U=unknown <input type="checkbox"/>		<b>State ID of 1<sup>st</sup> occurrence for this pathogen</b> _____		
<b>Did patient have any underlying causes or prior illnesses?</b> Y=yes N=no U=unknown <input type="checkbox"/>		<b>If "yes" select below:</b>		

**Underlying Causes or Prior Illnesses**

[Y=yes; N=no; U=unknown]

	Y	N	U		Y	N	U		Y	N	U				
AIDS (CD4 <200)				Congestive heart failure				Intravenous drug user				Peripheral neuropathy			
Alcohol abuse				Connective tissue disorder				Kidney disease				Peripheral vascular disease			
Asthma				Coronary arteriosclerosis				Leukemia				Premature birth			
Blood cancer				Corticosteroids				Missing spleen				Renal failure/dialysis			
Bone marrow transplant				Current chronic dialysis				Multiple myeloma				Seizure disorder			
Broken skin				Current smoker				Multiple sclerosis				Sickle cell trait			
Cancer				Deaf/profound hearing loss				Myocardial infarction				Solid organ malignancy			
Cancer treatment				Dementia				Nephrotic syndrome				Solid organ transplant			
CSF leak				Diabetes mellitus				Neuromuscular disorder				Splenectomy/asplenia			
Cerebrovascular accident				Emphysema/COPD				None				Systemic lupus erythematosus			
Chronic hepatitis C				Former smoker				Obesity				Trouble swallowing			
Chronic respiratory disease				HIV infection				Other (specify)				Unknown			
Cirrhosis/liver failure				Hodgkin's disease (clinical)				Paralysis							
Cochlear prosthesis				Immunoglobulin deficiency				Parkinson's disease							
Complement deficiency				Immunosuppressive therapy				Peptic ulcer							

**RESIDENCE LOCATION AT TIME OF INITIAL CULTURE**

- Home     Non-medical ward     College dorm  
 Homeless     Incarcerated     Long-term Care  
 Long-term acute care     Other (specify)     Unknown

**Subject died?** Y=yes N=no U=unknown

**Date of Death** \_\_\_\_\_ (mm/dd/yyyy)

**Pregnancy status at time of first positive culture**  Not pregnant nor postpartum  Currently Pregnant  Postpartum  Unknown

**If pregnant or postpartum, what was the outcome of the fetus? (select below)**

Abortion/still birth		Live birth/neonatal death		Survived, clinical infection		Unknown	
Induced abortion		Still pregnant		Survived, no apparent illness			

**If patient <1 month of age:** Gestational age (weeks)    Birth weight     
**Birth Weight Units** Gram  Kilogram  Ounce  Pound   
**Premature at birth [for children <2 years of age]?** Y=yes N=no U=unknown

**TYPE OF INSURANCE**

- Incarcerated     Indian Health Service     Managed Care     Managed Care (unspecified)     MEDICAID  
 MEDICARE     Military/VA     Private Health     Other (specify) \_\_\_\_\_     Uninsured     Unknown

**LABORATORY INFORMATION**

**VPD Lab Message Reference Laboratory** \_\_\_\_\_ **VPD Lab Message Patient Identifier** \_\_\_\_\_ **VPD Lab Message Specimen Identifier** \_\_\_\_\_

**Bacterial species isolated:** \_\_\_\_\_ **Was laboratory testing done to confirm diagnosis?** Y=Yes N=No U=Unknown

**Was case laboratory Confirmed?** Y=yes N=no U=unknown  **Was a specimen sent to CDC for testing?** Y=yes N=no U=unknown

Test Type	Test Result	Date Specimen Collected <small>mm dd yyyy</small>	Test Result Quantitative	Result Units	Test Method	Test Manufacturer	Date Specimen Sent to CDC <small>mm dd yyyy</small>	Specimen Type	Serotype	Serotype Method	Lab Accession No.	Performing Laboratory Name	Performing Lab Type

**LAB TEST TYPE**

- 1=antigen
- 2=susceptibility
- 3=culture
- 4=genotyping
- 5=Gram stain
- 6=immunohistochemistry
- 7=latex agglutination
- 8=other (specify)
- 9=unknown
- 11=serotyping
- 12=species confirmation
- 13=genome sequencing

**SPECIMEN TYPE**

- 1=amniotic fluid
- 2=BAL
- 3=blood
- 4=bone
- 5=brain
- 6=CSF
- 7=heart
- 8=other (specify)
- 9=unknown
- 10=internal body site
- 11=joint
- 12=kidney
- 13=liver
- 14=lung
- 15=lymph node
- 16=middle ear
- 17=muscle/fascia/tendon
- 18=NP swab
- 19=oropharyngeal swab
- 20=ovary
- 21=pancreas
- 22=pericardial fluid
- 23=peritoneal fluid
- 24=placenta
- 25=pleural fluid
- 26=purpuric lesions
- 27=respiratory secretion
- 28=serum
- 29=sinus
- 30=spleen vascular tissue
- 31=sputum
- 32=stool
- 33=tracheal aspirate
- 34=urine
- 35=vascular
- 36=vitreous
- 37=wound

**SEROTYPE METHOD**

- 1=other
- 2=PCR
- 3=Quellung
- 4=whole genome sequencing
- 5=unknown

**SEROTYPE**

- 1=1    6=6A    11=9V    16=15B    21=20    26=other
- 2=2    7=6B    12=10A    17=17F    22=22F    27=unknown
- 3=3    8=7F    13=11A    18=18C    23=23F    28=not tested
- 4=4    9=8    14=12F    19=19A    24=33F
- 5=5    10=9N    15=14    20=19F    25=non-typeable

**PERFORMING LABORATORY TYPE**

- 1=CDC lab    2=commercial lab    3=hospital lab    4=other
- 5=other clinical lab    6=public health lab    7=unknown    8=VPD testing lab

**LAB TEST METHOD**

- A=Antigen Card    B=BD Directigen    BC=BCID blood culture panel
- BCT=Blood culture    MA=MALDI Biotyper    O=Other (specify)
- ME=meningitis/encephalitis panel    W=Wellcogen Rapid Antigen
- U=Unknown

## LABORATORY SUSCEPTIBILITY TESTING

Any susceptibility data available? Y=yes N=no U=unknown  Oxacillin Zone Size  Oxacillin Interpretation \_\_\_\_\_

SUSCEPTIBILITY METHOD CODES	SUSCEPTIBILITY RESULT CODES	SIGN CODES	MIC VALUES
A=AGAR Agar dilution method B=BROTH Broth dilution method C=DISK DISK dilution (Kirby Bauer)	S=STRIP Gradient strip (E-test) I=Automated testing instrument G=whole genome sequencing	Indicate whether the MIC is <, >, ≤, ≥, = the numerical MIC value  MIC = minimum inhibitory concentration	Valid range for data values: 0.000 – 999.999

Antimicrobial Susceptibility Test Type	Test Method	Susceptibility Interpretation	MIC Sgn	Test Result Quantitative	Performing Laboratory Type

## VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease)? Y=yes N=no U=unknown

Number of doses against this disease received prior to illness onset? 0–6 99=unknown  (doses)

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 <small>month day year</small>	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date <small>month day year</small>	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number

<b>Vaccine Type Codes</b> 133=Pneumococcal Conjugate PCV 13 (Prevnar 13, PCV 13) 100=Pneumococcal Conjugate PCV 7 (Prevnar 7, PCV 7) 152=Pneumococcal Conjugate unspecified formulation 033=Pneumococcal Polysaccharide PPV 23 (Pneumovax 23)	109=Pneumococcal unspecified formulation OTH=Other (specify) 999=Unknown PHC1650=vaccine type not specified	<b>Vaccine Manufacturer</b> MSD = Merck PFR = Pfizer	†Age at vaccination <b>Age Units</b> d=day wk=week mo=month a=year OTH=other UNK=unknown
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**Reason Not Vaccinated Per ACIP**

1= religious exemption	5= MD diagnosis of previous disease	9= unknown	13= parent/patient unaware of recommendation
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
4= lab evidence of previous disease	8= other _____	12= parent/patient report of previous disease	16= immigrant

**Vaccine History Comments**

IMPORTATION AND EXPOSURE INFORMATION					
Imported Code	Indigenous	In state, out of jurisdiction	Imported, unable to determine source		Transmission Mode _____
	International	Out of state	Unknown		
Imported Country _____		Imported State _____	Imported County _____		Imported City _____
Country of Exposure _____		State/Province of Exposure _____	County of Exposure _____		City of Exposure _____
OUTBREAK ASSOCIATED Y=yes N=no U=unknown <input type="checkbox"/>			OUTBREAK NAME _____		
CASE NOTIFICATION					
CONDITION CODE	11723	Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/>			Legacy Case ID _____
State Case ID _____		Local Record ID _____	Jurisdiction Code _____	Binational Reporting Criteria _____	
Date First Verbal Notification to CDC _____ month day year			Date First Electronically Submitted _____ month day year		
Date of Electronic Case Notification to CDC _____ month day year				MMWR Week _____	MMWR Year _____
Notification Result Status <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained					
Person Reporting to CDC Name _____ (first) _____ (last)			Person Reporting to CDC Email _____ @ _____ Person Reporting to CDC Phone Number (____) _____		
Current Occupation _____			Current Occupation Standardized _____		
Current Industry _____			Current Industry Standardized _____		
Comments					

CLINICAL CASE DEFINITION <sup>5</sup>
<b>Probable</b>
A case that meets the supportive <sup>¶</sup> laboratory evidence.
<b>Confirmed</b>
A case that meets the confirmatory <sup>#</sup> laboratory evidence.
¶ Identification of <i>S. pneumoniae</i> from a normally sterile body site by a CIDT (culture independent diagnostic test) without isolation of the bacteria.
# Isolation of <i>S. pneumoniae</i> from a normally sterile body site.

<sup>5</sup><https://www.cdc.gov/nndss/conditions/invasive-pneumococcal-disease/>