**Haemophilus influenzae Disease Surveillance Worksheet**  
(Abbreviated Worksheet Option)

**Name** (Last, First)

**Hospital Record No.**

**Address (Street and Number)**

City PID-11.3  
County PID-11.9  
Zip PID11.5  
Phone

**Reporting Physician/Nurse/Hospital/ Clinic/Lab**

**State (residence of patient)**

**County (residence of patient)** PID-11.9

**State ID** 77993-4  
**CDC ID** 77997-5

**Date of birth** PID-7

**Age** 77998-3  
999=Unknown

**Is Age in days/wks/months/ yrs?**

3=Days  
2=Weeks  
1=Months  
0=Years  
9=Unknown

**Hospitalized** 77974-4

**Y=Yes**

**N=No**

**U=Unknown**

**Month**

**Day**

**Year**

**Did patient receive Haemophilus influenzae b vaccine?**

1=Yes  
2=No  
9=Unknown

**Dose**

**Dose Given**

**30952-6**

**Year**

**Vaccine Name/Manufacturer**

**Lot Number**

**Bacterial species isolated by normally sterile site**

1=*Neisseria meningitidis*

2=*Haemophilus influenzae*

3=Group B streptococcus

4=*Listeria monocytogenes*

5=*/Streptococcus pneumoniae* (pneumococcal)

6=Other bacterial species

**Specimen from which organism isolated** (check all that apply)

1=Blood

2=CSF

3=Pleural Fluid

4=Peritoneal Fluid

5=Pericardial Fluid

6=Joint

7=Placenta

**Date first positive culture obtained**

**Date specimen drawn**

**Did H. influenzae was isolated from blood or CSF, was it resistant to Ampicillin?**

1=Yes  
2=No  
9=Not tested or unknown

**If H. influenzae was isolated from blood or CSF, was it resistant to Chloramphenicol?**

1=Yes  
2=No  
9=Not tested or unknown

**If H. influenzae was isolated from blood or CSF, was it resistant to Rifampin?**

1=Yes  
2=No  
9=Not tested or unknown

**What was the serotype?**

1=Type b

2=Not typeable

3=Other

9=Unknown

**Local Use Only**

**IMPORTANT – PLEASE COMPLETE**

**Date** OCT 2018