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

**State** (residence of patient)  

**County** (residence of patient)

**Hospitalized**  

- Y= Yes  
- N= No  
- U= Unknown  

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

- 1= Yes  
- 2= No  
- 9= Unknown  

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

- 1= Yes  
- 2= No  
- 9= Unknown

**Bacterial species isolated**  

1= Neisseria meningitidis  
2= Haemophilus influenzae  
3= Group B streptococcus  
4= Listeria monocytogenes  
5= Streptococcus pneumoniae  
6= Other bacterial species

**Locality and transmission only lower portion if sent to CDC**