<table>
<thead>
<tr>
<th>Illness Onset Age</th>
<th>Illness Onset Age Units*</th>
<th>Date of Diagnosis</th>
<th>Illness Duration</th>
<th>Duration Units*</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Did patient have any underlying causes or prior illnesses?**

<table>
<thead>
<tr>
<th>Underlying Conditions</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Alcohol abuse</td>
<td></td>
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<tr>
<td>Asthma</td>
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<td></td>
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<tr>
<td>Blood Cancer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bone marrow transplant</td>
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<td></td>
<td></td>
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<tr>
<td>Broken skin</td>
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<td></td>
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<tr>
<td>Cancer</td>
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<td></td>
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<tr>
<td>Cancer treatment</td>
<td></td>
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<td></td>
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<tr>
<td>Cerebrovascular accident</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chronic hepatitis C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis/liver failure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cochlear prosthesis</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Complement deficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>[Y=yes; N=no; U=unknown]</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

**Duration of Hospital Stay**

0 - 998 999=unknown  ____ (days)

**Epi-linked to a laboratory-confirmed case?**

Y=yes  N=no  U=unknown  ____

**If “yes” select below:**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td></td>
<td></td>
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<td>Complement deficiency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV infection</th>
<th>Paralysis</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hodgkin’s disease</td>
<td>Obesity</td>
<td>Trouble swallowing</td>
</tr>
<tr>
<td>HIV infection</td>
<td>Paralysis</td>
<td>Unknown</td>
</tr>
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<td>Obesity</td>
<td>Trouble swallowing</td>
</tr>
</tbody>
</table>
Types of infection caused by organism:

- Abortion with sepsis
- Cellulitis
- Epiglottitis
- Osteomyelitis
- Pneumonia
- Abcess (not skin)
- Chorioamnionitis
- Hemolytic Uremic Syndrome
- Other (specify)
- Puerperal sepsica
- Asymptomatic bacteremia
- Empyema
- Infective arthritis
- Otitis media
- Septic shock
- Bacteraemia without focus
- Endocarditis
- Meningitis
- Pericarditis
- Staphylococcal Toxic Shock
- Bacterial sepsica
- Endometritis
- Necrotizing fasciitis
- Peritonitis

Units: a=year, d=day, h=hour, min=minute, mo=month, s=second, wk=week, UNK=unknown

Does this patient attend a day care facility? Y=yes  N=no  U=unknown
Facility Name ____________________________

Does this patient reside in a long-term care facility? Y=yes  N=no  U=unknown
Facility Name ____________________________

Did patient have known previous contact(s) with a Hib disease within the preceding 2 months? Y=yes  N=no  U=unknown

If “yes” above, select type:

<table>
<thead>
<tr>
<th>TYPE OF PREVIOUS CONTACT</th>
<th>Classmate</th>
<th>Father</th>
<th>Nursing home</th>
<th>Sibling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-worker</td>
<td>Mother</td>
<td>Other family member</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Daycare</td>
<td>None</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did patient have known previous contact(s) with a non-b or nontypeable case of H. influenzae disease within the preceding 2 months? Y=yes  N=no  U=unknown

If “yes” above, select type:

<table>
<thead>
<tr>
<th>TYPE OF PREVIOUS CONTACT</th>
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<td>Unknown</td>
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</tr>
<tr>
<td>Daycare</td>
<td>None</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Weight at Diagnosis: gram, kilogram, ounce, pound

Height at Diagnosis: centimeter, inch

Recurrent disease with pathogen? Y=yes  N=no  U=unknown

State ID of 1st occurrence for this pathogen: ____________

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)

<table>
<thead>
<tr>
<th>FETAL OUTCOME</th>
<th>Abortion/still birth</th>
<th>Live birth/neonatal death</th>
<th>Survived, clinical infection</th>
<th>Survived, no apparent illness</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induced abortion</td>
<td>Still pregnant</td>
<td></td>
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</tbody>
</table>

If patient <1 month of age: Gestational age (weeks) ____________
Birth weight: gram, kilogram, ounce, pound

Premature at birth [for children <2 years of age]? Y=yes  N=no  U=unknown

Subject died? Y=yes  N=no  U=unknown
Deceased Date __ __ __ __ (mm/dd/yyyy)

Type of insurance:
- Incarcerated
- Indian Health Service
- Managed Care
- Managed Care (unspecified)
- MEDICAID
- MEDICARE
- Military/VA
- Private Health
- Other (specify) ____________
- Uninsured
- Unknown

Case disease imported code:
- Indigenous
- In state, out of jurisdiction
- Unknown
- International
- Out of state
- Yes, imported, but not able to determine source state/country

Imported Country ____________
Imported State ____________
Imported County ____________
Imported City ____________

Country of Exposure ____________
State or Province of Exposure ____________

County of Exposure ____________
City of Exposure ____________

Outbreak related? Y=yes  N=no  U=unknown
Outbreak Name ____________
Transmission Mode ____________
### LABORATORY TESTING CODES

<table>
<thead>
<tr>
<th>Antimicrobial Susceptibility Test Type</th>
<th>Test Method</th>
<th>Susceptibility Interpretation</th>
<th>Test Manufacturer</th>
<th>Performing Laboratory Name</th>
<th>Performing Laboratory Type</th>
</tr>
</thead>
<tbody>
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</table>

**SUSCEPTIBILITY TEST METHOD CODES**

- A=AGAR  Agar dilution method
- B=BD Directigen  DISK dilution (Kirby Bauer)
- C=DISK  DISK dilution (Kirby Bauer)
- D=Whole genome sequencing
- E=contamination
- F=not done
- G=other clinical lab
- H=other (specific)
- I=not known
- J=other (specific)
- K=other (specific) 9=unknown

**SUSCEPTIBILITY RESULT CODES**

- R=RESISTANT
- S=SUSCEPTIBLE
- U=UNKNOWN
- V=VACCINE TYPE STRAIN
- W=WILD TYPE STRAIN
### VACCINATION HISTORY INFORMATION

#### Vaccinated (has the case-patient ever received a vaccine against this disease?)

- **Y** = yes  
- **N** = no  
- **U** = unknown

#### Number of vaccine doses against this disease received prior to illness onset?

- 0–6
- 99 = unknown

#### 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

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Vaccination Date</th>
<th>Vaccine</th>
<th>Vaccine Lot Number</th>
<th>National Drug Code</th>
<th>Vaccine Expiration Date</th>
<th>Vaccine Event Information Source</th>
<th>Vaccination Record Identifier</th>
<th>Age</th>
<th>Age Units</th>
<th>Vaccine Dose Number</th>
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</thead>
<tbody>
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</tbody>
</table>

#### Vaccine Type Codes

- 46=Hib(PRP-D)  
- 47=Hib(HbOC)  
- 48=Hib(PRP-T)  
- 49=Hib(PRP-OMP)

#### Vaccine Manufacturer Codes

- PMC=Sanofi Pasteur  
- OTH=other (specify)  
- WAL=Wyeth  
- UNK=unknown  
- SKB=GlaxoSmithKline  
- MA=Massachusetts PH Biologic  
- NAV=North American Vaccine

#### Vaccine Event Information Source Codes

- 1=Birth certificate  
- 2=IIS  
- 3=Medical record  
- 4=New immunization record  
- 5=Other provider  
- 6=Other registry  
- 7=Patient or parent’s recall  
- 8=Other  
- 9=Unknown  
- 10=Patient or parent’s written record  
- 11=Primary care provider  
- 12=Public agency  
- 13=School record  
- 14=Source unspecified

#### Reason Not Vaccinated Per ACIP

- 1 = religious exemption  
- 2 = medical contraindication  
- 3 = philosophical objection  
- 4 = lab evidence of previous disease  
- 5 = MD diagnosis of previous disease  
- 6 = too young  
- 7 = parent/patient refusal  
- 8 = other  
- 9 = unknown  
- 10 = parent/patient forgot to vaccinate  
- 11 = vaccine record incomplete/unavailable  
- 12 = parent/patient report of previous disease  
- 13 = parent/patient unaware of recommendation  
- 14 = missed opportunity  
- 15 = foreign visitor  
- 16 = immigrant

### CASE NOTIFICATION

#### Condition Code

- **10590**  

#### Immediate National Notifiable Condition

- **Y** = yes  
- **N** = no  
- **U** = unknown

#### Legacy Case ID

____________

#### State Case ID

____________

#### Local Record ID

____________

#### Jurisdiction Code

____________

#### Binational Reporting Criteria

____________

#### Date First Verbal Notification to CDC

___ ___ ___ ___ (mm/dd/yyyy)

#### Date Notification First Electronically Submitted

___ ___ ___ ___ (mm/dd/yyyy)

#### Date of Electronic Case (this version)

___ ___ ___ ___ (mm/dd/yyyy)

#### MMWR Week

___

#### MMWR Year

___

#### Notification Result Status

- **F** = Final  
- **C** = Record is a correction  
- **X** = 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
<table>
<thead>
<tr>
<th>CLINICAL CASE DEFINITION</th>
<th>§</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBABLE</td>
<td>● Meningitis WITH detection of <em>Haemophilus influenzae</em> type b antigen in cerebrospinal fluid [CSF]</td>
</tr>
<tr>
<td></td>
<td>CONFIRMED</td>
</tr>
<tr>
<td></td>
<td>● Isolation of <em>Haemophilus influenzae</em> from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid) <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>● Detection of <em>Haemophilus influenzae</em>-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay</td>
</tr>
</tbody>
</table>