

TYPES OF INFECTION CAUSED BY ORGANISM	Abortion with sepsis	Cellulitis	Epiglottitis	Osteomyelitis	Pneumonia
	Abcess (not skin)	Chorioamnionitis	Hemolytic Uremic Syndrome	Other (specify) _____	Puerperal septicemia
	Asymptomatic bacteremia	Empyema	Infective arthritis	Otitis media	Septic shock
	Bacteremia without focus	Endocarditis	Meningitis	Pericarditis	Staphylococcal Toxic Shock
	Bacterial septicemia	Endometritis	Necrotizing fasciitis	Peritonitis	Unknown

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:

TYPE OF PREVIOUS CONTACT	Classmate	Father	Nursing home	Sibling
	Co-worker	Mother	Other family member	Unknown
	Daycare	None	Other (specify) _____	

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:

TYPE OF PREVIOUS CONTACT	Classmate	Father	Nursing home	Sibling
	Co-worker	Mother	Other family member	Unknown
	Daycare	None	Other (specify) _____	

Weight at Diagnosis

Weight Units gram kilogram
ounce pound

Height at Diagnosis

Height Units 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)

FETAL OUTCOME	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

RESIDENCE LOCATION AT TIME OF INITIAL CULTURE
 Home Non-medical ward Incarcerated
 College dorm Homeless Long-term acute care
 Long-term care Other _____ 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

IMPORTATION AND EXPOSURE INFORMATION

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 _____

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 (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 Number	National Drug Code	Vaccine Expiration Date <small>month day year</small>	Vaccine Event Information Source	Vaccination Record Identifier	Age†	Age Units‡	Vaccine Dose Number
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

<p style="text-align: center;">VACCINE TYPE CODES</p> <p>46=Hib(PRP-D) 120=DTaP-Hib-IPV 47=Hib(HbOC) OTH=other (specify) 48=Hib(PRP-T) 999=unknown 49=Hib(PRP-OMP) PHC1560=type not specified</p>	<p style="text-align: center;">VACCINE MANUFACTURER CODES</p> <p>PMC=Sanofi Pasteur OTH=other (specify) WAL=Wyeth UNK=unknown SKB=GlaxoSmithKline MA=Massachusetts PH Biologic NAV=North American Vaccine</p>	<p style="text-align: center;">VACCINE EVENT INFORMATION SOURCE CODES</p> <p>1=Birth certificate 8=Other 2=IIS 9=Unknown 3=Medical record 10=Patient or parent's written record 4=New immunization record 11=Primary care provider 5=Other provider 12=Public agency 6=Other registry 13=School record 7=Patient or parent's recall 14=Source unspecified</p>	<p>†Age at vaccination</p> <p>‡Age Units a=year d=day mo=month wk=week OTH=other UNK=unknown</p>
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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

CASE NOTIFICATION

CONDITION CODE	10590	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 ____ ____ ____ <small>month day year</small>		Date Notification First Electronically Submitted ____ ____ ____ <small>month day year</small>	
Date of Electronic Case (this version) Notification to CDC ____ ____ ____ <small>month day year</small>			MMWR Week ____
MMWR Year _____			
Notification Result Status F = Final C = Record is a correction X = Results cannot be obtained <input type="checkbox"/>			
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 DEFINITION⁵

PROBABLE

- Meningitis WITH detection of *Haemophilus influenzae* type b antigen in cerebrospinal fluid [CSF]

CONFIRMED

- Isolation of *Haemophilus influenzae* from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid) **OR**
- Detection of *Haemophilus influenzae*-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

⁵<https://www.cdc.gov/nndss/conditions/haemophilus-influenzae-invasive-disease/case-definition/2015/>