### Haemophilus influenzae Surveillance Worksheet

**REPORTING SOURCE TYPE**

- [ ] physician
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other clinical
- [ ] other source type

**NAME**

<table>
<thead>
<tr>
<th>(last)</th>
<th>(first)</th>
</tr>
</thead>
</table>

**ADDRESS (Street and No.)**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Hospital Record No.</th>
</tr>
</thead>
</table>

This information will not be sent to CDC

**Underlying Conditions**

- [ ] Y
- [ ] N
- [ ] U

- [ ] HIV infection
- [ ] Paralysis
- [ ] Unknown

**Illness Onset**

- [ ] Illness Onset Date
- [ ] Illness End Date

**Duration**

- [ ] Hospitalized?
- [ ] Duration of Hospitalized?

**Hospital Stay**

- [ ] Date of Discharge

**Case type?**

- [ ] ST
- [ ] ATUS CODE

**Case Investigation Start Date**

<table>
<thead>
<tr>
<th>National Reporting Jurisdiction</th>
</tr>
</thead>
</table>

**Case Investigation End Date**

<table>
<thead>
<tr>
<th>Local Reporting Jurisdiction</th>
</tr>
</thead>
</table>

**Reporting Source Type**

- [ ] other source type

**Case Class Status**

- [ ] Not a case

**Case Report Form Status**

- [ ] chart unavailable after 3 requests

**CASE INVESTIGATION STATUS CODE**

- [ ] approved
- [ ] deleted
- [ ] other

**REPORTING SOURCE**

- [ ] other source type

**CLINICAL INFORMATION**

- [ ] AIDS
- [ ] Alcohol abuse
- [ ] Asthma
- [ ] Blood Cancer
- [ ] Bone marrow transplant
- [ ] Broken skin
- [ ] Cancer
- [ ] Cancer treatment
- [ ] Cerebrovascular accident
- [ ] Chronic hepatitis C
- [ ] Chronic respiratory disease
- [ ] Cirrhosis/liver failure
- [ ] Cochlear prosthesis
- [ ] Complement deficiency

- [ ] Y
- [ ] N
- [ ] U

**AIDS**

- [ ] Congestive heart failure
- [ ] Immunoglobulin deficiency
- [ ] Parkinson’s disease

- [ ] Alcohol abuse
- [ ] Connective tissue disorder
- [ ] Immunosuppressive therapy
- [ ] Peptic ulcer

- [ ] Asthma
- [ ] Coronary arteriosclerosis
- [ ] Intravenous drug user
- [ ] Peripheral neuropathy

- [ ] Blood Cancer
- [ ] Corticosteroids
- [ ] Kidney disease
- [ ] Peripheral vascular disease

- [ ] Bone marrow transplant
- [ ] CSF leak
- [ ] Leukemia
- [ ] Premature birth

- [ ] Broken skin
- [ ] Current chronic dialysis
- [ ] Missing spleen
- [ ] Renal failure/diabetes

- [ ] Cancer
- [ ] Current smoker
- [ ] Multiple myeloma
- [ ] Seizure disorder

- [ ] Cancer treatment
- [ ] Deaf/profound hearing loss
- [ ] Multiple sclerosis
- [ ] Sickle cell trait

- [ ] Cerebrovascular accident
- [ ] Dementia
- [ ] Myocardial infarction
- [ ] Solid organ malignancy

- [ ] Chronic hepatitis C
- [ ] Diabetes mellitus
- [ ] Nephrotic syndrome
- [ ] Solid organ transplant

- [ ] Chronic respiratory disease
- [ ] Emphysema/COPD
- [ ] Neuromuscular disorder
- [ ] Splenectomy/asepsia

- [ ] Cirrhosis/liver failure
- [ ] Former smoker
- [ ] None
- [ ] Systemic lupus erythematosus

- [ ] Cochlear prosthesis
- [ ] Hodgkin’s disease
- [ ] Obesity
- [ ] Trouble swallowing

- [ ] Complement deficiency
- [ ] HIV infection
- [ ] Paralysis

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

- [ ] Y
- [ ] N
- [ ] U

**Underlying conditions**

- [ ] Y
- [ ] N
- [ ] U

**If “yes”, select below:**

- [ ] Y
- [ ] N
- [ ] U

**Other (specify) __________________________________________________________**
<table>
<thead>
<tr>
<th>TYPES OF INFECTION CAUSED BY ORGANISM</th>
<th>Abortion with sepsis</th>
<th>Cellulitis</th>
<th>Epiglottitis</th>
<th>Osteomyelitis</th>
<th>Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abcess (not skin)</td>
<td>Chorioamnionitis</td>
<td>Hemolytic Uremic Syndrome</td>
<td>Other (specify)</td>
<td>Puerperal septicemia</td>
<td></td>
</tr>
<tr>
<td>Asymptomatic bacteremia</td>
<td>Empyema</td>
<td>Infective arthritis</td>
<td>Otitis media</td>
<td>Septic shock</td>
<td></td>
</tr>
<tr>
<td>Bacteremia without focus</td>
<td>Endocarditis</td>
<td>Meningitis</td>
<td>Pericarditis</td>
<td>Staphylococcal Toxic Shock</td>
<td></td>
</tr>
<tr>
<td>Bacterial septicemia</td>
<td>Endometritis</td>
<td>Necrotizing fascitis</td>
<td>Peritonitis</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNITS</th>
<th>a=year</th>
<th>d=day</th>
<th>h=hour</th>
<th>min=minute</th>
<th>mo=month</th>
<th>s=second</th>
<th>wk=week</th>
<th>UNK=unknown</th>
</tr>
</thead>
</table>

Does this patient attend a day care facility? [INV615] Y=yes N=no U=unknown Facility Name __________

Does this patient reside in a long-term care facility? [INV636] Y=yes N=no U=unknown Facility Name __________

Did patient have known previous contact(s) with a Hib disease within the preceding 2 months? [INV1041] 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? [INV1043] Y=yes N=no U=unknown

If “yes”, select type of previous contact below:

<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>

Weight at Diagnosis 3141-9

Weight Units [OBX-6 for 3149-9]

Height at Diagnosis 3137-7

Height Units [OBX-6 for 3137-7]

Recurrent disease with pathogen? [INV975] Y=yes N=no U=unknown

State ID of 1st occurrence for this pathogen [INV976] __________

Pregnancy status at time of first positive culture [INV661] Not pregnant nor postpartum

Currently Pregnant

Postpartum

Unknown

If pregnant or postpartum, what was the outcome of the fetus? [63893-2] (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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Induced abortion</td>
<td>Still pregnant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If patient <1 month of age: [18185-9] Gestational age (weeks) 56056-5

Birth weight 76517-2

Y=yes N=no U=unknown

Birth Weight Units [OBX-6 for 56056-5]

Subject died? [77978-5] Y=yes N=no U=unknown

Deceased Date PID-29

Residence location at time of initial culture 75617-1

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>Incarcerated</th>
<th>Indian Health Service</th>
<th>Managed Care</th>
<th>Managed Care (unspecified)</th>
<th>MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>Military/VA</td>
<td>Private Health</td>
<td>Other (specify)</td>
<td>Uninsured</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

| CASE DISEASE IMPORTED CODE | 77982-7 | 77983-9 | 77984-3 | 77985-0 | 77986-1 | 77987-6 | 77988-2 | 77989-3 | 77990-4 | 77991-5 | 77992-6 | 77993-7 | 77994-8 | 77995-9 | 77996-0 | 77997-1 | 77998-2 |
|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
### Laboratory Information

**VPD Lab Message Reference Laboratory**
- LAB143

**VPD Lab Message Patient Identifier**
- LAB598

**VPD Lab Message Specimen Identifier**
- LAB125

Was Laboratory Testing Done to Confirm the Diagnosis? [Y=Yes, N=No, U=Unknown]
- Y=Yes

Was Case Laboratory Confirmed? [Y=Yes, N=No, U=Unknown]
- Y=Yes

Was a Specimen Sent to CDC for Testing? [Y=Yes, N=No, U=Unknown]
- Y=Yes

#### Test Type and Result

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>INV290</td>
<td>INV291</td>
</tr>
</tbody>
</table>

#### Specimen Type and Date Collected

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Date Specimen Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>amniotic fluid</td>
<td>68963-8</td>
</tr>
<tr>
<td>blood</td>
<td></td>
</tr>
<tr>
<td>bone</td>
<td></td>
</tr>
<tr>
<td>brain</td>
<td></td>
</tr>
<tr>
<td>CSF</td>
<td></td>
</tr>
<tr>
<td>joint</td>
<td></td>
</tr>
<tr>
<td>kidney</td>
<td></td>
</tr>
<tr>
<td>liver</td>
<td></td>
</tr>
<tr>
<td>lung</td>
<td></td>
</tr>
<tr>
<td>lymph node</td>
<td></td>
</tr>
<tr>
<td>middle ear</td>
<td></td>
</tr>
<tr>
<td>muscle/fascia/tendon</td>
<td></td>
</tr>
<tr>
<td>NP swab</td>
<td></td>
</tr>
<tr>
<td>oropharyngeal swab</td>
<td></td>
</tr>
<tr>
<td>ovary</td>
<td></td>
</tr>
<tr>
<td>pancreas</td>
<td></td>
</tr>
<tr>
<td>pericardial fluid</td>
<td></td>
</tr>
<tr>
<td>peritoneal fluid</td>
<td></td>
</tr>
<tr>
<td>pleural fluid</td>
<td></td>
</tr>
<tr>
<td>respiratory secretion</td>
<td></td>
</tr>
<tr>
<td>sinus</td>
<td></td>
</tr>
<tr>
<td>spleen</td>
<td></td>
</tr>
<tr>
<td>sputum</td>
<td></td>
</tr>
<tr>
<td>vascular tissue</td>
<td></td>
</tr>
<tr>
<td>vitreous</td>
<td></td>
</tr>
<tr>
<td>wound</td>
<td></td>
</tr>
<tr>
<td>placenta</td>
<td></td>
</tr>
</tbody>
</table>

#### Date Specimen Sent to CDC

<table>
<thead>
<tr>
<th>Date Specimen Sent to CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>85930-6</td>
</tr>
</tbody>
</table>

#### Specimen Type and Serotype

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Serotype Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>pleural fluid</td>
<td>NV706</td>
</tr>
</tbody>
</table>

#### Serotype

<table>
<thead>
<tr>
<th>Serotype</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>other</td>
</tr>
<tr>
<td>B</td>
<td>other</td>
</tr>
</tbody>
</table>

#### Test Result Interpretation

- P=positive
- N=negative
- I=indeterminate
- E=pending
- S=significant rise in titer
- NS=no significant rise in titer
- Q=equivocal
- X=not done
- O=other (specify)
- U=unknown
- V=vaccine type strain
- W=wild type strain

#### Performing Laboratory Type

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

#### Lab Test Method

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

#### Antimicrobial Susceptibility Test Type

- LABAST6

#### Test Method

- LABAST7

#### Susceptibility Interpretation

- LABAST8

#### Test Manufacturer

- LAB650

#### Performing Laboratory Name

- 68994-3

#### Susceptibility Test Method Codes

- A=AGAR
- B=BROTH

#### Susceptibility Result Codes

- R=RESISTANT
- I=INTERMEDIATE
- S=SUSCEPTIBLE
- N=NOT DONE
### VACCINATION HISTORY INFORMATION

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

<table>
<thead>
<tr>
<th>VAC126</th>
<th>Y</th>
<th>yes</th>
<th>N</th>
<th>no</th>
<th>U</th>
<th>unknown</th>
</tr>
</thead>
</table>

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

| 82745-3 | 0–6 | 99 | unknown |

**Date of last vaccine dose against this disease prior to illness onset?**

| VAC142 | __ __ __ __ __ __ (mm/dd/yyyy) |

**Was the case-patient vaccinated as recommended by the ACIP?**

| VAC148 | Y | yes | N | no | U | unknown |

### VACCINE HISTORY INFORMATION SOURCE

<table>
<thead>
<tr>
<th>VAC157</th>
<th>Y</th>
<th>yes</th>
<th>N</th>
<th>no</th>
<th>U</th>
<th>unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Vaccination Date</th>
<th>Vaccine Manufacturer</th>
<th>National Drug Code</th>
<th>Vaccine Expiration Date</th>
<th>Vaccine History Information Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>30956-7</td>
<td>30952-6</td>
<td>NAV</td>
<td>VAC153</td>
<td>VAC109</td>
<td>VAC157</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason Not Vaccinated Per ACIP**

| VAC149 | Y | yes | N | no | U | unknown |

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

**Middle National Notifiable Condition**

| OBR-31 | Y | yes | N | no | U | unknown |

**State Case ID**

| 77993-4 |

**Local Record ID**

| 77965-2 |

**Jurisdiction Code**

| 77969-4 |

**Binational Reporting Criteria**

| 77988-4 |

**Date First Verbal Notification to CDC**

| 77994-2 |

**Date Notification First Electronically Submitted**

| 77998-4 |

**Date of Electronic Case (this version) Notification to CDC**

| 77991-8 |

**MMWR Week**

| 77992-6 |

### Person Reporting to CDC

**Person Reporting to CDC Name**

| 74549-7 |

**Person Reporting to CDC Email**

| 74547-1 |

**Person Reporting to CDC Phone Number**

| 74548-9 |

**Current Occupation**

| 85658-3 |

**Current Occupation Standardized**

| 85659-1 |

**Current Industry**

| 85078-4 |

**Current Industry Standardized**

| 85657-5 |

**Comments**

<p>| 77999-1 |</p>
<table>
<thead>
<tr>
<th>CLINICAL CASE DEFINITION§</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBABLE</strong></td>
</tr>
<tr>
<td>● Meningitis WITH detection of <em>Haemophilus influenzae</em> type b antigen in cerebrospinal fluid [CSF]</td>
</tr>
<tr>
<td><strong>CONFIRMED</strong></td>
</tr>
<tr>
<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) OR</td>
</tr>
<tr>
<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>